VOL. II NO. 2

THE BOSTON DISPENSARY QUARTERLY

WINTER ISSUE, 1914

GIVING CHILDREN A FRESH START FOR HEALTH

BOSTON DISPENSARY

25 BENNET STREET

A private charity; established 1796; receiving no support from the City or the State.

The *Boston Dispensary Quarterly* is published by the institution as a Report of its current charitable service.

The present issue is chiefly devoted to the work, during 1913, of the Children's Department and Hospital for Children.

The preceding (autumn) issue of the *Quarterly* included a general Report of all the activities of the Boston Dispensary during the fiscal year ending September 30, 1913, and the *Report of the Treasurer* for that period. A copy will be sent to any one on request to 25 Bennet Street, Boston.

MEDICAL STAFF

JANUARY, 1914

Grouped by Clinical Departments

GENERAL MEDICAL

Physicians

THOMAS M. ROTCH, M.D. } *Emeritus*
HAROLD WILLIAMS, M.D. }
WILLIAM E. FAY, M.D., *Consultant*
EDWARD O. OTIS, M.D., *Consultant**
HARRY W. GOODALL, M.D.
NATHANIEL K. WOOD, M.D.
E. A. BURNHAM, M.D.†
CHARLES A. RILEY, M.D.†

Assistant Physicians

HORACE K. BOUTWELL, M.D.
GEORGE A. MCEVOY, M.D.
ISAAC GERBER, M.D.
RICHARD H. HOUGHTON, M.D.†
HOLLIS L. SEAVEY, M.D.
HAROLD A. DANA, M.D.

Assistants to the Physicians

A. E. AUSTIN, M.D.
PHILIP MYSEL, M.D.
FREDERICK L. KELLOGG, M.D.

DISEASES OF CHILDREN

Physician

ARTHUR A. HOWARD, M.D.‡

Assistant Physicians

ELMER W. BARRON, M.D.
H. A. GALE, M.D.

Assistants to the Physicians

W. W. BARKER, M.D.
M. H. WENTWORTH, M.D.
GRACE A. JORDAN, M.D.
H. T. HANDY, M.D.
WILLARD L. QUENNELL, M.D.
EDWARD MARTIN, M.D.
SAMUEL G. PAOLO, M.D.

DISEASES OF THE SKIN

Physicians

ABNER POST, M.D., *Consultant*
J. S. HOWE, M.D.
J. H. BUFFORD, M.D.

Assistant Physician

J. HARPER BLAISDELL, M.D.

GENERAL SURGICAL

Surgeons

FREDERIC M. BRIGGS, M.D., *Consultant*
BENJAMIN TENNEY, M.D.
JOHN HOMANS, M.D.

Assistant Surgeons

WILLIAM P. COUES, M.D.
ROBERT H. VOSE, M.D.
HENRY M. CHASE, M.D.
HILBERT F. DAY, M.D.

GENITO-URINARY DISEASES

Surgeons

GARDNER W. ALLEN, M.D., *Consultant*
ARTHUR L. CHUTE, M.D.
PAUL THORNDIKE, M.D.

Assistant Surgeons

HENRY J. PERRY, M.D.
ARTHUR H. CROSBIE, M.D.

Assistants to the Surgeons

EDWARD PHILIP LASKEY, M.D.
AUGUSTUS RILEY, M.D.

DISEASES OF WOMEN

Surgeons

MALCOLM STORER, M.D.
CHARLES H. HARE, M.D.
EDWARD L. TWOMBLY, M.D.
WILLIAM H. GRANT, M.D.

Assistant Surgeons

EUGENE E. EVERETT, M.D.
HERBERT S. GAY, M.D.
ALONZO K. PAINE, M.D.
ROBERT L. DE NORMANDIE, M.D.

Assistants to the Surgeons

JOHN B. SWIFT, Jr., M.D.
JOHN T. WILLIAMS, M.D.

ORTHOPEDIC

Surgeons

ROBERT W. LOVETT, M.D., *Consultant*
CALVIN G. PAGE, M.D.
JOHN D. ADAMS, M.D., *Chief of Clinic*

Assistants to the Surgeons

E. W. FISKE, M.D.
ANDREW R. MACAUSLAND, M.D.

* Consultant in Pulmonary Diseases.

† Physicians in Pulmonary Diseases.

‡ Physician in charge of the Hospital for Children.

NERVE DISEASES

Physician

WILLIAM R. WOODBURY, M.D.

Assistant Physicians

CARLISLE REED, M.D.
JAMES K. WARDWELL, M.D.
CHARLES C. CARROLL, M.D.

MENTAL DISEASES

Physician

A. WARREN STEARNS, M.D.

RECTAL DISEASES

Surgeons

FRANK P. WILLIAMS, M.D.
T. CHITTENDEN HILL, M.D.

DENTAL

E. V. BULGER, D.D.S.

ELECTRO-THERAPEUTICS

Physicians

FRANCIS B. GRANGER, M.D., *Consultant**
LEROY A. LUCE, M.D.

PATHOLOGICAL LABORATORY

SARAH E. COPPINGER, M.D.

MASSAGE

Miss AGNES J. KERR
Miss ANNA L. BASFORD

DISEASES OF THE NOSE AND THROAT

Surgeons

JOHN W. FARLOW, M.D., *Consultant*
FREDERICK C. COBB, M.D.
WILLIAM S. BOARDMAN, M.D.
WILLIAM E. CHENERY, M.D.
HARRY A. BARNES, M.D.

Assistants to the Surgeons

DAVID A. HEFFERNAN, M.D.
EARL E. TILTON, M.D.

DISEASES OF THE EAR

Surgeons

EDWARD R. NEWTON, M.D.
HARRY J. INGLIS, M.D.

Assistant Surgeons

LOUIS ARKIN, M.D.
J. P. LEWIS, M.D.

Assistant to the Surgeons

BENJAMIN F. MURRAY, M.D.

DISEASES OF THE EYE

Surgeons

EDWARD HARTSHORN, M.D.
P. S. MCADAMS, M.D.

Assistant Surgeon

W. G. FUNNELL, M.D.

Assistant to the Surgeons

PAUL J. D. HALEY, M.D.

DISTRICT PHYSICIANS

HENRY M. CHASE, M.D., *Supervisor*

DONALD V. BAKER, M.D.
D. A. COSTA, M.D.
WILLIAM L. COWLES, M.D.
ALBERT EVANS, M.D.
J. J. HEPBURN, M.D.
O. J. HERMANN, M.D.
D. L. JACKSON, M.D.
J. J. LYNCH, M.D.
HARRY OLIN, M.D.
CADIS PHIPPS, M.D.
HARRY L. ROTHBLATT, M.D.
R. A. SADLER, M.D.
R. E. SHELDON, M.D.
HENRY E. STONE, M.D.
R. S. TITUS, M.D.

*Dr. Granger is also Consultant in X-ray Work. Mr. Edward B. Perkins is in charge of the X-ray Room as Technician.

THE BOSTON DISPENSARY HOSPITAL FOR CHILDREN REPORT FOR 1913

The Boston Dispensary Hospital for Children, to which the following Report is chiefly devoted, is part of the Children's Medical work of the Boston Dispensary. To tend patients in sickness, but to promote their health so that they shall not be ill, is the twentieth-century ideal of medicine. To children, above all, with whom the opportunity for permanent service is greater than with adults, and the chance of favorable response more sure, this ideal should especially be applied.

The Hospital for Children may be described as the apex of a pyramid whose base is the 17,000 babies and children who are under the care of the physicians of the Dispensary every year, in out-patient clinics or in their parents' homes. With such a host of little ones under medical treatment a certain number of hospital beds is a medical necessity for the most efficient service. The location of the Dispensary, in the heart of a congested district, tapping large sections of the city which are entirely without any special medical service for children, renders the work an equal social necessity.

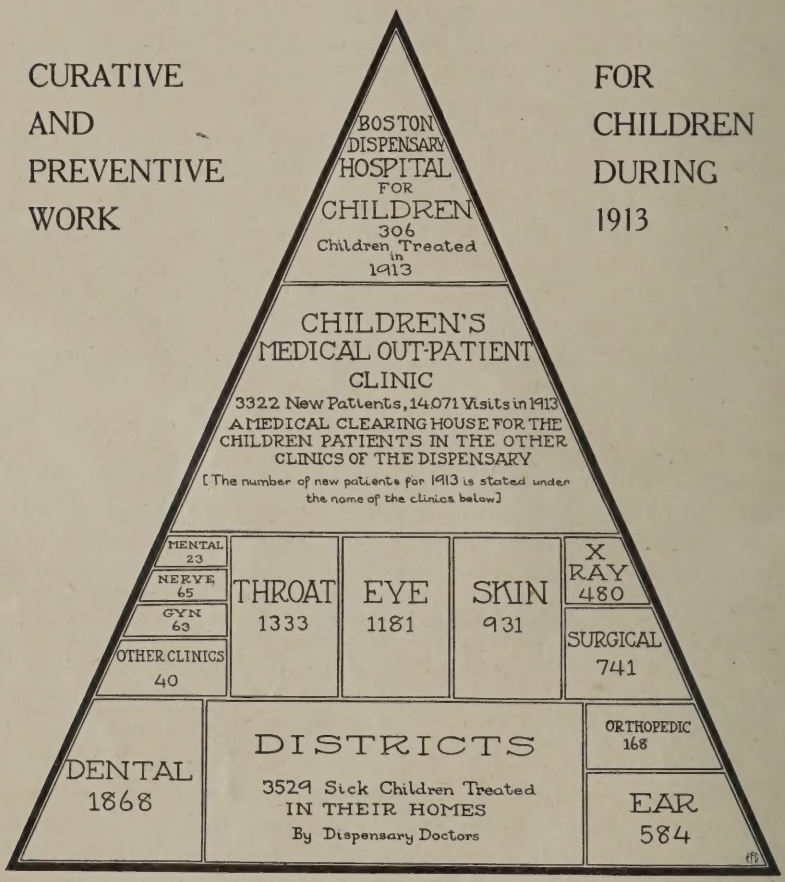
Cure plus Prevention

The Medical Chief of the Hospital is also in direct charge of the Children's Medical Out-patient Department, to which 14,000 visits were paid last year by 3,500 individual children. The Medical Staff of this out-patient clinic has been organized so as to afford continuous personal touch between patient and physician. To insure the return of patients to the clinic at periods considered necessary for proper treatment, the system known as the "Visible Index" has been installed, which, almost automatically, keeps tab when a patient fails to return. The economic and family conditions under which many of these babies and children live render it essential that the doctor's work shall be supplemented by social service and visiting nursing in the homes. Without this, successful treatment of illness is often impossible, and the social service is furthermore essential in remedying those factors in the home which predispose to disease and retard convalescence or the development of healthy child life. The efficient Social Service Department of the Boston Dispensary has three workers in the Children's Department, their time being divided about equally between the Hospital and the out-patient cases. Tentative social diagnosis is made on each new patient on the day of admission to the Out-patient Department, so that the physician can plan his treatment with a knowledge of the family conditions as well as of the physical state of the individual child. In the Dispensary Building there are open every morning such other Out-patient Clinics as the Surgical, Dermatological, Eye, Nose and Throat, Ear, and Dental; and these, with the X-ray

and laboratory facilities, make possible an all-round examination of any child requiring it.

Statistics of the Year

During 1913 our Hospital for Children admitted 285 new patients, and readmitted 21 others who had been in the Hospital earlier in the same year



or during the previous year,—a total of 306 individual patients. The statistics on page 15 show how these children were divided medically and by age. Ninety-two per cent. of the whole number came to the Hospital from the Out-patient Clinic itself or from the District Doctors of the Dispensary, and only 8 per cent. were sent in by private doctors or outside agencies. Thus the Hospital is primarily serving those children who are brought to other divisions of the Dispensary work, and who require prompt hospital care without any change in the medical and social oversight so essential to the best reme-

dial, and especially to preventive work. Medically, the children admitted have been rather sharply divided into two groups: (1) the very acute, such as pneumonias and meningitis; and (2) the semi-chronic troubles, such as heart disease or difficult feeding cases.

The medical service during the first half of the year was in the efficient hands of Dr. William Palmer Lucas, who left us, in June, to accept the post of Professor of Pediatrics in the Medical School of the University of California. Dr. Elmer W. Barron, Dr. William R. P. Emerson, and Dr. Theodore W. Ely carried the service during the busy summer months. For the remarkably satisfactory nursing and social service which the Hospital has had throughout the year we are especially indebted to Miss Caroline Brown, Head Nurse; Mrs. Anna M. Wright, Miss Mabel R. Wilson, and Miss Ellen V. Griffin, Social Workers; and especially to Miss Stone, who has set and maintained a standard which cannot easily be surpassed.

There were 42 deaths in the Hospital during the year,—a rate of 13.7 per cent. 35 of these deaths were among 146 babies in the Medical Ward,—a death rate of 24 per cent. Among 160 cases in the Surgical and the Medical Ward for older children, there were seven deaths,—a rate of 4½ per cent. The failure of parents to bring children for medical care until too late is responsible for a large part of the mortality. Of the 42 deaths, 18 were among children who had been in the hospital less than three days, and 9 of these occurred within less than 24 hours.

The modern hospital has at least four functions:—

Cure of Disease: requiring competent medical and nursing care, and adequate laboratory and other equipment for diagnosis and treatment.

Prevention: requiring a well-organized Social Service Department, which will ascertain the social condition of each patient, and through its own efforts or through enlisting the co-operation of other agencies, will arrange for care after discharge, attack the home problems of personal or industrial maladjustment, and educate patients and families toward better health standards.

Education: training doctors and nurses.

Research: enlarging medical knowledge through clinical and laboratory studies, and of social knowledge through studies in the relations between social conditions and disease. A proper part of its research work includes systematic efficiency tests of its own service.

Such a Hospital and Clinic as ours provides numerous opportunities for clinical research, which are at present pursued in such matters as the study of tuberculin treatment—of which a preliminary report was presented in a previous issue of the *Boston Dispensary Quarterly*—and a study, now in its second year, of a group of cases of heart disease. Fourth-year students of the Harvard Medical School, and both third and fourth year students of Tufts Medical School, receive instruction in the Out-patient Clinics and in the Wards. Nurses are trained in children's work, as is shown in the report of the Superintendent on pages 13 and 14.

TO DEAL WITH DISEASE EFFECTIVELY A HOSPITAL CAN NOT DEAL WITH DISEASE ALONE!

Two Hundred and Eighty-five Sick Babies and Children
Brought During 1913 To The Boston Dispensary Hospital
The Following Medical and Other Problems

MEDICAL PROBLEMS

"Feeding Cases" (babies sick because of improper feeding)	43
Pneumonia	39
18 Other Medical Diseases	64
Tuberculosis (General Tb 7, Tb Meningitis 4, Pulmonary Tb 3, Tb Peritonitis 1)	15
Congenital Syphilis	12
Heart Disease	18
Psychopathic Cases	7
General Surgery	33
Orthopedic Surgery	29
Throat and Ear Surgery	18
Eye Surgery	7
	285

FAMILY PROBLEMS

Acute Poverty	37
Undesirable or Bad Home Conditions other than poverty	37
Inadequate care of child in the home (due to personal causes other than illness or poverty)	47
Illness at home, making proper care of child difficult	28
Illegitimacy	17
Families already under care of a charitable society	29
Total families who needed help in order that the Hospital's work on the child be not wasted	195 = 68½%
Families presenting **no** problem with which we felt called upon to deal	90 = 31½%
	285

AFTER-CARE PROBLEMS

(What the Children Needed After Discharge)

Convalescent care	24	
Care in a special Hospital	25	
Care away from Home under supervision of a child-placing society	33	
Total who could not properly be sent Home on discharge from the Hospital	82	
Could be discharged Home, under care of their parents, but needing further medical care in our Out-patient Department, attendance at which was supervised by the Social Worker	129	
Could be discharged Home, under care of their parents, but needing further medical care which was arranged by the Social Worker through private doctors or otherwise	14	
Total who needed after-care	225	=94%
Children who could be discharged home without need for after-care	14	= 6%
	239	
Died in the Hospital	42	
Pending cases at time of this tabulation	4	
	285	

EDUCATIONAL PROBLEMS

Need of patiently teaching Mother how to care for her Child	53	
Need of teaching Mother and Family general home hygiene and housekeeping	32	
Need of convincing parents that their child needed Hospital care	29	
Need of convincing parents that other members of Family required treatment in order to prevent subsequent sickness	15	
Need of **both** teaching Mother and also convincing parents that medical treatment was required	70	
Total families requiring educational work in order to prevent further illness and disease	**199**	**=70%**
Families not requiring such education	86	=30%
	285	

THE HOSPITAL FOUR-SQUARE

In applying to ward work the principles which have dominated the Children's Out-patient Service, it has been made the policy of this Hospital:—

Medical-Social Team Work a Hospital Policy

(1) *Centralized Medical Responsibility.*—To put the medical responsibility upon a single chief with continuous service.

(2) *Social Diagnosis Parallel with Medical.*—To make a social diagnosis of every case, based on the study, by a trained person, of the home and family as well as of the individual patient. Such a study has been made during the past year of every patient in our Hospital, with the exception of eight children who were admitted for one night only, after tonsillectomy, and who were under the care of a school nurse.

(3) *Plan for After-care and Preventive Work.*—To make a plan for meeting the educational and material needs of the family, as shown by the social diagnosis, and for proper care of the patient after discharge from the wards.

The "Hospital Four-Square" on pages 8 and 9 shows the following striking facts, learned as a result of this medical-social policy:—

> 70 per cent. of the families required *educational work* in order to prevent further illness and disease.
>
> 68½ per cent. of the families required help of some kind (not necessarily material relief) in order that the hospital work might not be wasted after the child was discharged.
>
> Only 6 per cent. of the children could rightly be discharged home without some definite plan and provision for after-care.
>
> These figures appear to indicate that a hospital dealing with this class of patients* *needs* this kind of policy.

(4) *Carrying out the Plan.*—Not to have the patient leave the ward until the plan for after-care can be effectuated; and to follow up the patient and family, either directly or through a co-operating charitable agency which reports to the Hospital. Thus to see that what is needed is done.

The table on page 15 displays the varied ways in which after-care for our children was provided for, some in convalescent homes or in other hospitals giving special care, some boarded out in families under the supervision of a child-placing society. One hundred and forty-two, the largest proportion, could be sent home to their parents; but in all except 8 of these 142 cases it was necessary to make definite arrangements for continued medical supervision over the child.

This table also shows that the plan for after-care was actually carried out in 88 per cent. of the cases, the exceptions being 11 who were taken out

* Representative chiefly of the great groups of unskilled labor and the sections of skilled labor in which work is low paid or very irregular.

of the Hospital by the parents against our advice,* and 15 who could not be brought to return to the Out-patient Clinic for medical care after discharge.

(5) **Results.**—To learn and report the medical and social results of the hospital work.

The facts given in this Report show what the policy of the Hospital is, that such a policy is needed, and that we are carrying it out in deed as well as in word. What are the results of this policy?

How should the results of a hospital be tested? At the present time there is no generally accepted index to hospital efficiency. The classification of patients according to "Condition at discharge," "Well," "Improved," "Not improved," etc., cannot be accurate or adequate. Neither is the hospital death rate a dependable index, for deaths in a ward depend at least as much on the disease from which the patient is suffering at admission, and his vitality at that time, as upon the care received while he is in the hospital.

The truth is that many different factors enter into hospital efficiency, and it cannot be expressed by any simple index or percentage. If, however, the modern hospital is to square with modern medicine, and be preventive as well as curative, one of the factors which should be considered in every discussion or report upon hospital efficiency, is the condition of patients not *at* discharge, but long enough *after* discharge to enable us to judge whether the hospital has helped the patient to maintain health as well as merely to cure an acute disease.

During 1913 we discharged from the Hospital 264 children. Of these, 7 have since moved to a distance from Boston; the parents of 8 became dissatisfied during the follow-up work and took the children from our care; the cases of 30 were closed during the course of the year, because the children seemed perfectly well and the family conditions were satisfactory. Among the remaining 219 patients, for whom we took the responsibility for follow-up work, there have been, thus far, only 12 deaths. In 8 of these cases the disease was known to be fatal at the time the child was discharged. These 8 deaths should rather be charged against the mortality in the wards than against the follow-up work.

We do not present these figures as a statement of end-results of the Hospital work for the year, for a sufficiently long period has not elapsed since the discharge of the children who were admitted during the latter part of 1913.

* In 6 of these 11 cases, however, we continued to be in effective touch with the family. The 88 per cent. mentioned is calculated on a basis of 245 discharged cases, *excluding* those who died. We have also often continued, after a child has died in the Hospital, to assist a family to meet the medical problem of one of its members. This occurred in no less than 18 of the 42 cases of death. Baby P., for instance, who died despite our care, had an ailing mother who could not understand why she was "always getting sick." The father, a sober, industrious young man, was also ill at intervals. Inquiry and medical examination showed that the mother's illness was chiefly due to a combination of bad teeth and bad housing conditions, and the father's to his work in a rubber-making factory. The mother was helped to secure dental care, the father to a new job, and both of them, with their three young children, were advised to move, and did move, to a more healthful home.

Our follow-up system gives us opportunity to record, as a matter of current statistics, the condition of each child and family, at specified periods after discharge. A definite system for utilizing this opportunity has been arranged for this year. The trend of the data at present available, indicates to us that the results of the follow-up system, in maintaining the health of the child and improving the condition of the family, are extremely encouraging, and show the social and the economic value of such preventive work. At a later period we hope to present, in a medical journal, carefully worked-out data on this point. A special study will also be made of the children who are readmitted to the wards, with a view to finding why the second or third period of hospital treatment became necessary.

Memory is not barren concerning "results," though statistics be lacking. Among many cases we think of seven-year-old J., who came to our Hospital with Pott's disease. The Armenian father and mother had been in America for eight months, and kept an immaculate little home on eight dollars a week. Hibbs' operation was performed on the child by Dr. John D. Adams, and five weeks later, happy, though on a Bradford frame, she was sent to her parents to await admission to Wellesley Convalescent Home. Her mother could speak no English, and another confinement was impending. A superstition clouded the mother's mind that women usually died at the birth of their third baby. She had tried to go to a hospital to minimize the danger, but, as she lived in a suburb, could not secure admission without paying a fee. A neighbor was found who acted as interpreter, a friend of our work placed her automobile at our disposal when visits were necessary, and the District Nurse and a good Armenian doctor were called in. Cheered and cared for, the mother had a safe delivery.

Meanwhile J. herself had gone to Wellesley, where four weeks' good care made her ready for final discharge to her parents, with the Bradford frame removed. She has reported each month since to our clinic, and she appears well and strong. "Not much pay," said the father, speaking of his eight dollars a week, "but the happiness of being in America is a great deal more."

Prevention Pays

The central responsibility of this, as of every other hospital, is medical. The Nursing Service is an essential supplement to the physician on the side of cure; the Social Service, an essential supplement on the side of prevention. The amount of Social Service necessary to carry the preventive policy into effect adds not over one-ninth to the annual cost of maintaining the Hospital. That it adds far more than this proportion to the efficiency of the service, that it prevents the recurrence of disease and educates many families to a point where they are likely to maintain their children in health, there can be no doubt. It is true economy.

Arthur A. Howard, M.D., *Physician in Charge.* Michael M. Davis, Jr., *Director.*

REPORT OF THE SCHOOL OF NURSING

February 7 marks the close of the second year of the existence of our present Hospital for Children and its educational work for nurses. During these years the nursing staff has consisted of a Superintendent of Nurses and one graduate assistant, with pupil nurses, increasing in number from five to nine. These nurses have been secured through affiliation with the following hospitals which do not themselves provide for the care of infants and young children:—

Massachusetts Hospital for Women, Boston; The Sanitarium, Clifton Springs, N.Y.; Brattleboro Memorial Hospital, Brattleboro, Vt.; Franklin Hospital, Franklin, N.H.; Emerson Hospital, Forest Hills, Mass.; City Hospital, Quincy, Mass.

As our Hospital, dealing only with children, could not offer experience sufficient to justify establishing a training school, it was considered wise to secure the co-operation of other hospital schools which do not provide for the care of infants and young children. State registration now requires that the general course of study include the nursing of children, therefore such affiliation meets the needs of both schools, and for us is a much less difficult and expensive system.

The 618 children who have been cared for since the Hospital opened have received efficient and satisfactory nursing, and we have also been able to give to the pupil nurses excellent experience, both in the hospital wards and in the Children's Out-patient Department of the Dispensary. Each pupil nurse comes for three months' stay, and her time is divided to cover the entire ground of children's service, including work in the Babies' Ward, the Medical and the Surgical Ward, and the Out-patient Clinic. She is also taught the preparation and modification of milk and the general care and serving of food for children.

Sixty-four pupil nurses have taken our course, and have been sent forth prepared to do good work in caring for babies and children in whatever branch of the profession they may select after graduation, private nursing, district nursing, institutional or medical-social work. The medical heads of our Hospital—Dr. Lucas and his successor, Dr. Howard—have taken great interest in preparing a very comprehensive course of lectures, printed on the opposite page. One is given each week, and is followed by a quiz class and a talk on practical nursing by the Superintendent of Nurses.

The opening, last September, of the third house on Jefferson Place has added most satisfactorily to the comfort of our Nurses' Home. The addition of a new sitting-room and the use of a piano, have been a source of great pleasure.

To the members of the Ladies' Committee, and to others who have extended to the students opportunities for entertainment and who have sent books, flowers, and other gifts, we express our appreciative thanks. We owe a debt of gratitude also to the Peter Bent Brigham Hospital and the Boston City Hospital for the care of some of our pupil nurses during many weeks of illness.

FRANCES A. STONE, *Superintendent.*

NURSES' LECTURE COURSE

1. *Infant Feeding* . . . . . Dr. H. A. Gale
   General Principles governing Milk Modification.
   Breast Feeding; Substitute Feeding; Cow's Milk and Proprietary Foods.
2. *Infant Feeding* (continued) . . . . . Dr. A. A. Howard
   Transition from Breast to Bottle.
   Transition from Bottle to Infant Diet.
   Diet of the Young Child.
   Underfeeding; Chronic Duodenal Indigestion.
   General Management of the Infant.
3. *Indigestion*,—Gastric and Intestinal Stools. Dr. E. W. Barron
   Contagious Diseases.
4. *Orthopedic Conditions of Childhood* . . . Dr. J. D. Adams
5. *Recurrent Vomiting;* Acidosis . . . . . Dr. A. A. Howard
   Intussusception; Pyloric Stenosis; Scorbutus; Pyelitis; Otitis Media.
6. *Congenital Syphilis;* Tuberculosis; Gonorrhœa . . . . . Dr. E. W. Barron
7. *Diarrhœas;* Constipation . . . . . Dr. A. A. Howard
   Intestinal Parasites; Common Skin Diseases; Stomatitis; Adenoids.
8. Mental and Nervous Diseases . . . . . Dr. William R. Woodbury
   Normal and Abnormal Development; Retarded Development; Idiocy; General Nervous Diseases of Infancy and Childhood.
9. *Cardiac Diseases*,—Rheumatism and Chorea . . . . . Dr. A. A. Howard
   Diseases of the New-born.
10. *Pneumonia, Typhoid, and Nephritis in Childhood* . . . . . Dr. H. A. Gale
    Rachitis; Enuresis and Incontinence of Fæces.
11. *Surgical Conditions of Childhood* . . . . Dr. Benjamin Tenney
12. *Meningitis;* Encephalitis , ... Dr. A. A. Howard
    Infantile Paralysis and Brain Tumor.

Statistics of The Boston Dispensary Hospital for Children, 1913

Total Number of Individual Children cared for **306**

(285 new patients, 21 readmitted from this or the preceding year, 4 readmitted twice, a total of 310 *admissions* during the year.)

Babies: Medical, 135; Surgical, 10; Total, 145 }
Children: " 85; " 76; " 161 } 306

Total Number of Hospital Days **7,539**

(For classification of diseases treated, see page 8; social problems dealt with, page 8; deaths and death-rates, pages 7 and 12.)

Disposition of the 285 new Patients on Discharge

I. **Discharged to Convalescent Homes or to other medical institutions:**

a. To be returned after discharge therefrom to our out-patient department's care 30

(Of this number 25 did so return, and 5 did not.)

b. Not requiring to be returned to our care after discharge from the other institution 23

II. **Discharged to be Boarded Out under supervision of another charitable (child-placing) society** 18

(In 10 of these cases we provided medical supervision while the child was at board, in 8 we did not need to do so.)

III. **Discharged (taken home by parents) against advice** . 11

(In 6 of these cases we continued to deal with some medical-social problem in the family after the child left our ward.)

IV. **Died in Hospital** 40*

V. **Cases Pending (in Hospital Jan. 1, 1914)** 18

VI. **Discharged Home under the care of their Parents:**

a. Needing to be kept under the medical supervision of our children's out-patient clinic 128

(Of this number 113 actually came back to the clinic, and 15 did not.)

b. Needing medical supervision by a private doctor or district doctor, who called on them at their homes 9

c. Could be safely sent home to their parents without need for further medical supervision 8

Total 285

* In addition there were two deaths among the 21 readmitted patients, which are not included in this tabulation.

CURE { + **PREVENTION** = { **HOSPITAL EFFICIENCY**
− **PREVENTION** = { **WASTE**

Curing a Sick Baby in a Hospital
means spending perhaps 25 days' care and
$50

Discharge without supervision to Poor or Ignorant Parents probably means Soon Doing the Job Over Again
and another **$50**

RESULT (in 3 months)

$100 Expended
A Sickly Baby
A Doubtful Future

Discharge with social service supervision probably means keeping the Baby Well for a Year at an
average cost of **$25**

RESULT (in one year)

$75 Expended
A Well Baby
A Wiser Mother

The Cure of Disease is a Public Necessity

The Prevention of Disease is a Public Economy

VOL. I NO. 1

THE BOSTON DISPENSARY QUARTERLY

OCTOBER, 1912

The first issue of a publication which will present the progress of an institution whose program is to develop medical and social service hand in hand;

Whose medical work shall equal the best standards of to-day and contribute to the advance of science;

Whose service to the sick and suffering shall meet its broader relations to the community, and be businesslike and efficient without lacking in tenderness or in adaptation to individual human need.

BOARD OF MANAGERS AND OFFICERS OF THE BOSTON DISPENSARY

FOR THE YEAR BEGINNING OCTOBER 1, 1912

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EDWARD R. WARREN

Board of Managers

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ASHTON L. CARR
LORIN F. DELAND
MALCOLM S. GREENOUGH
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ASHTON L. CARR
State Street Trust Company
33 State Street

Secretary

MALCOLM S. GREENOUGH

Director

MICHAEL M. DAVIS, Jr.

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Mrs. SAMUEL D. WARREN, Jr.
Mrs. RENTON WHIDDEN
Mrs. MOSES WILLIAMS, Jr.

The names of the members of the Medical Staff and of the contributors to the support of the Dispensary will be printed in the January issue of the Quarterly, being omitted from this number for lack of space.

The Annual Report of the Treasurer will be found on page 15.

REPORT OF THE BOARD OF MANAGERS

The one hundred and sixteenth year of the public service of the Boston Dispensary closed on September 30, 1912. The work has increased during the past year in the number of sick poor who have been benefited. The quality and the variety of service rendered has been better than ever before, and these results are a source of gratification to the Board of Managers.

The Board intends to issue this year a Quarterly Report in place of the single "Annual Report." This plan has been adopted because, owing to the magnitude and variety of the work, the material for the report has greatly increased. Furthermore, it allows the opportunity of devoting each of the quarterly sections chiefly to a special division of the work.

The completion of our new Hospital for Children, which was formally opened February 7, 1912, marks a mile-stone in the history of the Dispensary. To prevent infant mortality and promote the proper development of children are justly considered to-day as two of the most important problems of public health. Last year the Dispensary recorded over 17,000 children as patients. Now, with our Hospital added to the Out-patient Clinic, we have an unusual equipment with which to serve the next generation in Boston. The report of the Director describes the success of our Hospital during the eight months since it was opened, and gives an interesting account of the many other developments of the year in our Medical and Social Service.

FINANCIAL PROGRESS

During the past two years the Dispensary has invested $60,000 in permanent improvements, including the new Hospital for Children, the Nurses' Home, and some minor changes in our clinics. In this same period we have added to our endowment fund, through bequests and gifts, the net sum of $40,000. Contributions to current expenses, as shown in the report of the Treasurer on page 15, have amounted to $15,350, which is two and one-half times more than was received during the preceding year,—a very gratifying indication of increased public interest.

The Ladies' Committee has been of the greatest assistance to the Dispensary, especially in connection with the new Hospital. The members of the Committee have not only rendered much personal service in connection with the equipment and administration of the new plant, but have also secured subscriptions of over $3,500 for this branch of our work.

The following gifts have made the past year especially noteworthy:—

An unrestricted legacy of $100,000 from the late Dr. Charles G. Weld, a former member of the Board of Managers;

Real and personal property valued at $18,600 from the Tyler Street Day Nursery Company;

A gift from Mr. William Blodget of $5,000 for the construction of an elevator for the new Hospital;

A legacy of $2,000 from the estate of Andrew C. Slater, restricted to the use of the income;

A gift of $2,500, applied to general expenses, from the Mellen Bray estate;

A gift of the salary of a social worker, in the clinic for Mental Diseases, from Mrs. L. Vernon Briggs.

Hospital for Children *A Corner of the Babies' Ward*

FINANCIAL NEEDS

The income of the Dispensary is from three sources:—

(1) *From invested funds which yield approximately $19,000 a year.*

This is sufficient to maintain our building and its durable equipment, to provide for the main part of the general administrative expense and for the District Physicians who visit the poor in their homes.

(2) *From fees received from patients for medicines and treatment in our clinics. These amounted to* $21,000.

That five-sixths of this sum, or $17,500, came to us in units of ten cents, is surely one of the most interesting and gratifying evidences of our relations to our patients. These fees are sufficient to maintain our clinics and provide nursing service. They do not, however, cover the cost of supervision.

It is the policy of the institution to prevent, as far as possible, the abuse of medical charity, but we take great care never to turn a person away because of poverty. We have established at our admission desk trained social workers to insure the most friendly and considerate dealing with each individual patient. Experience shows that the vast majority of patients—in fact, about nine-tenths—are willing, indeed glad, to pay the nominal fees.

(3) *Contributions from the public.*

There are two very important divisions of our work which must still depend upon contributions: the Social Service Department and the Hospital for Children. Fifteen thousand dollars are required to maintain the Hospital for the year, and twelve thousand for the Social Service Department.

We believe the Dispensary is the only large medical institution in this country which is developing, under its own direction, an organized system of social service as an indispensable adjunct to its medical service and an integral part of its contribution to the public health. Since ignorance, poverty, and evil living conditions cause a large part of the sickness in the community, they must be dealt with in conjunction with the problems of disease. Otherwise, neither can be effectively or economically solved.

This is now recognized by the leading members of the medical profession, and a movement to incorporate such a program into the organization of hospitals and out-patient departments is manifesting itself in the chief cities of the United States. The Dispensary is unusually well adapted to apply social service to medical work in a manner which will not only benefit the sick poor of Boston, but stimulate institutions throughout the country. To endeavor to realize this opportunity appears to us a complete fulfilment of the trust which the Dispensary has administered for over a century.

In order to succeed in these aims, we need generous public support for our Hospital for Children and our Social Service Department, which must depend entirely on contributions, and which are two special parts of our work upon which the realization of our program largely depends. To those who are moved to help lives that bear the double blight of illness and of poverty; whose hearts are touched by the sickness of little children and the mothers' need for knowledge that will mean less disease among them and higher standards of home life; to those also whose imaginations are stirred by the opportunity to lead the way in attacking problems which every important medical institution must meet if it is to measure up to its obligations to the public health; to those who can help in this endeavor by personal or by financial service,—we turn and ask for sympathetic co-operation and support.

Ingersoll Amory	Dr. Robert M. Lawrence
Ashton L. Carr	John F. Moors
Lorin F. Deland	Philip S. Parker
Malcolm S. Greenough	Edward R. Warren
Edward S. Grew	Joseph Warren
Randolph C. Grew	Moses Williams, Jr.

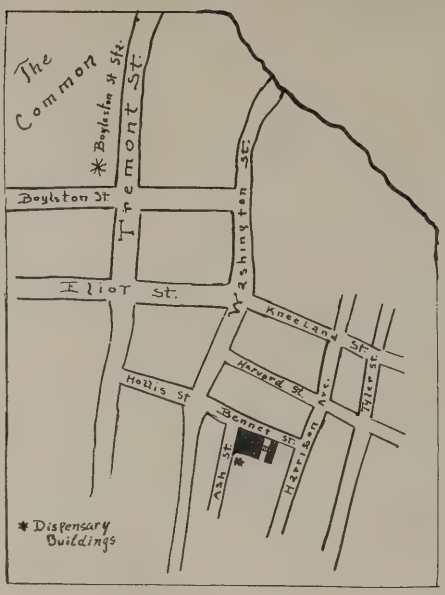
Robert A. Woods

The *Clinics* of the Dispensary are open for the treatment of patients daily, except Sundays and legal holidays. The admission hours are from nine to eleven A.M.

The *Pharmacy* is open every day in the year: on week-days from eight A.M. to five P.M., on Sundays and holidays from nine to ten A.M.

The *District Physicians* of the Dispensary visit the poor in their homes every week-day; Sundays in cases of emergency. Call stations have been established by the Dispensary at eleven different points in Boston.

The *Hospital for Children* admits patients up to fifteen years of age. Application must be made at the main building of the Dispensary.



BOSTON DISPENSARY

Established 1796

INCORPORATED AS A PRIVATE CHARITY, DEPENDING FOR ITS SUPPORT UPON VOLUNTARY CONTRIBUTIONS AND RECEIVING NO FUNDS EITHER FROM CITY OR STATE.

25 Bennet Street

A YEAR'S WORK

106,000 Visits paid by 32,677 sick poor to our Clinics.

OF THE BOSTON DISPENSARY DURING THE TWELVE MONTHS ENDING SEPTEMBER 30, 1912.

19,672 Visits paid by our District Physicians to homes of 9,682 sick poor.

208 Patients cared for in our Hospital for Children.
92,532 Prescriptions for medicine dispensed in the Pharmacy.
5,382 Patients assisted in Clinics } *by the Social Service Department.*
2,011 Patients assisted at homes }

14,010 WOMEN
10,622 in Clinics
3,388 at Home

17,076 CHILDREN
12,351 in Clinics
4,725 at Home

11,273 MEN
9,704 in Clinics
1,569 at Home

REPORT OF THE DIRECTOR

of the Boston Dispensary
For the Year ending September 30, 1912

Forty thousand healthy human beings constitute an army; 40,000 human beings who are sick and suffering are an avalanche. Disease in its hundreds of forms, poverty, ignorance, warped opportunity, are the rocks and sludge which daily roll down the social slopes against our gates.

During the entire year beginning September, 1796, the Physician of the Dispensary had charge of barely two-thirds as many sick people as the members of our present Medical Staff care for in a single day. The institution has grown with the city, and it faces problems which a century ago were unknown. We no longer think merely of clearing the rocks of this avalanche of suffering out of the road. The spirit of the present day demands that we change the grades, so that no more avalanches shall come down.

The 80 patients of the Dispensary's first year were thought of as separate individuals, presenting each some form of disease. The 42,000 patients of to-day are no less vivid as human units who need our help; but they fuse into one great mass involving many large problems of public health, of preventive medicine, of social conditions which need betterment. An out-patient department falls short of its responsibility if it treats its patients but neglects its problems.

During the year ending September 30, 1912, sick persons who could not afford to pay for adequate medical service made 106,193 visits to the clinics of the Dispensary, and our District Physicians made 19,123 visits to the sick poor in their homes.* The total of 125,316 visits represents 42,359 persons recorded as patients, 9,682 treated in their homes, 32,091 in the Dispensary at the corner of Ash and Bennet Streets, and 586 at the Roxbury branch. The number of clinical patients recorded represents an increase of 1,083 over the preceding year, while the whole number of visits paid increased by 8,709, or over 8 per cent. The Hospital for Children, which was opened in February, has cared for 208 patients.

It is the purpose of this report to review in a general way the progress of the year which has closed and the program which the Dispensary aims to carry out during the year ahead. Each of the three following issues of this *Quarterly* will be devoted mainly to some one branch of the work: for example, our Social Service Department or our Hospital for Children.

* This total of visits includes 104,134 at the main building of the Dispensary and 2,059 in the Roxbury Room, a small branch clinic maintained at 106 Roxbury Street in co-operation with the Roxbury Charitable Society, which has supported it financially. 586 clinic patients were treated at this branch.

There is a certain amount of double recording of individuals among clinics and districts to an extent which cannot be exactly stated. The new record system which will be in effect during the year now opening will give us exact knowledge on this point.

The full statistics of each of the Dispensary clinics and districts for the calendar year 1912 will be printed in the January issue of this *Quarterly*, in order to make them comparable with the reports of previous years.

EFFICIENCY TEST OF AN OUT-PATIENT CLINIC

FOR MENTAL DISEASES

AT THE BOSTON DISPENSARY

	Year 1911 No Social Service in Clinic	1912 (six months) Jan. to June incl. Social Service in Clinic	Increase %
Patients	125 (12 Mos.)	141 (6 Mos.)	125%
Visits	388	641	230%
Visits per Patient	3.1	4.54	50%
% Patients Lost	57%	5%	Decrease 91%
Relative Efficiency	43%	95%	120%
Estimated Percentage Cured or Substantially Improved	19%	39%	100%+

SOCIAL SERVICE

1. Brings patients back for treatment
2. Prevents waste of physician's effort
3. Solves the home problems which cause the disease
4. Makes treatment possible for the very poor
5. Supplies facts for diagnosis
6. Does educational and preventive work

EFFICIENCY PAYS

A chart prepared for the Exhibit of the American Hospital Association, Detroit, Mich., September, 1912

A YEAR OF GROWTH

The occasion of the opening of our new Hospital, on February 7, 1912, was one long to be remembered. Among other guests it was our privilege to have President A. Lawrence Lowell, of Harvard, and Dr. Abraham Jacobi, president of the American Medical Association, who made very interesting addresses.

The construction of the Hospital, which was carried out under Messrs. Richardson, Barott & Richardson, required adding another story to our main building and remodelling two adjoining houses, to be used as a Nurses' Home. The location of the Hospital on the fourth story provides an abundance of light and air, and its compact arrangement renders it easy and economical of administration. Immediately under it are our Children's Medical Clinic and the laboratory for clinical diagnosis and research. The Nurses' Home is separated by a court, but connected by a covered passageway on the hospital level. Through the generosity of Mr. William Blodget, we were able to add an elevator. Eight months' experience has well satisfied us with the arrangement and with the service which our new plant can render. It meets a distinct need of this district, which has no other hospital for children, and it is accessible to South Boston, a populous area also unprovided. While the capacity of the wards is thirty beds, we have been compelled, for reasons of economy, to limit the number in use to twenty, although on many days sick children who could not be turned away have increased the register to twenty-two or twenty-three. Babies, and children up to the age of fifteen, are admitted. There are no private rooms, as the patients coming to us are none of them able to pay more than nominal fees. Parents are almost invariably glad to pay what they can, but a dollar or two a week is more than the average can afford.

Five of the hospital beds have been set aside especially for surgical cases, thus affording opportunities for major surgery to the members of our Surgical Staff, and enabling us to treat many patients who would otherwise have been sent away from the Dispensary to doubtful admission elsewhere.

MEDICAL ORGANIZATION

A number of important changes have been made during the year. In October, 1911, we began in our Children's Medical Clinic with the system of continuous service, appointing Dr. William P. Lucas to take charge of the Clinic and of the Hospital. As Dr. Lucas is a member of the Pediatric Staff of the Harvard Medical School, this brought Harvard teaching into our Children's Department. The instruction of students of the Tufts Medical School has also continued in the Clinic, as in past years, under Assistant Physicians.

That the new service has been a success is evidenced by the remarkable growth during the past year,—the number of patients from 2,858 to 3,486, and the number of visits paid by these patients from 7,285 to 13,000, almost one hundred per cent.

Social Service is nowhere needed more than with children. Three members of our Social Service Department are assigned to the children's work

in the Hospital and the Out-patient Clinic. A special system of following-up patients to insure their return for needed treatment has been established in the Children's Clinic, and is to no small extent responsible for the largely increased number of visits.

THE ADULTS' MEDICAL DEPARTMENT

In this important Clinic, which annually serves over 6,000 adults, Dr. Harry W. Goodall and Dr. Nathaniel K. Wood have been appointed as the two chiefs of service, each taking six months of the year and having charge of both the men's and the women's branches. Under this system, which will take effect in January, 1913, there will be concentrated responsibility for a service which in past years has been divided among ten physicians. An arrangement has been made with the new Peter Bent Brigham Hospital by which these two physicians will receive appointments as Associates in Medicine on the Hospital Staff. The Dispensary will thus have increased facilities for securing hospital care for patients who require it, and the members of the Medical Staff will have larger opportunities for scientific work. Arrangements have also been made with the Harvard Post-Graduate School whereby the two physicians will give graduate instruction in the Clinic, while the teaching of the Tufts undergraduate students will be continued.

INSTITUTIONAL RELATIONS

These new relations require a word of explanation. The affiliations with the Brigham Hospital and with the Harvard or the Tufts Medical School are administrative understandings by which it is planned to agree upon certain medical or surgical appointments in common, and to have certain arrangements with regard to the use of the Dispensary clinics for teaching purposes. The advantages are many and mutual. Many patients who are found to need hospital care come to our clinics, and the affiliation with a hospital so as to secure more ready admission of these patients is a benefit to the Dispensary, to the Hospital, and to the sick persons as well. The Dispensary's service to its patients and the scientific opportunities afforded its Medical Staff are also enlarged by the use of its clinics for teaching. It is certainly an economy to the whole community when institutions form agreements to co-operate instead of developing, at greater expense, independent facilities of their own.

In connection with the medical schools it will be noted that the Dispensary has not made an exclusive arrangement with either. In the two important changes made during the past year—that in the Children's and Adults' Medical Departments—opportunities have been opened for the teaching of Harvard students; but those which have been afforded in the past to Tufts students have been continued.

SOCIAL SERVICE

A hospital report from a Middle Western city tells of a woman who was under treatment for heart disease, and who during the course of two years was admitted to the hospital seven times,—a total of nearly two hundred days' stay. By the time of the seventh admission, the hospital had taken

into its service a social worker, and she, on visiting the patient's home, found that the woman had lived all the time five flights upstairs. The hospital had literally been engaged at an uphill job, and simply because of its ignorance of the home conditions had spent nearly four hundred dollars on these readmissions; the patient had lost most of two years; and her family had been without the service of its mother. If the hospital had had a social worker in the beginning, the patient might have been spared this; the community would have profited; and the hospital itself would have saved enough money to pay nearly half that worker's salary for one year.

The work of the Social Service Department is of two kinds:—

(1) Helping patients whose social problems are evident and acute,—present poverty, neglect by parents, need for special orthopedic apparatus, tactful adjustment of family misunderstandings, placing children in suitable care during a mother's illness, or co-operating with non-medical charities which are interested.

(2) The clinical type of work,—talking with patients; interpreting their social problems; explaining to them in the clinic what they need and what they can reasonably do to co-operate with the doctor in helping themselves or their children; sending notes or postal cards, or going to the home in order to bring a patient back for treatment.

With this division in mind the statistics of the year's work of the Social Service Department can be properly interpreted:—

1,016 patients were referred by our physicians to the social workers;
381 were referred to the Social Service Department by other charitable societies;
489 were carried over from the preceding year;
125 old cases were reopened during the year.

A total of 2,011 individuals were thus assisted by the Department during the year ending September 30, 1912, in their personal or family problems.

10,765 patients passed through the hands of the social workers in the clinics during the year.

About one-half of these, or 5,382, required and received some definite social service.

3,360 visits were paid to the homes of patients by members of the Department.
1,480 visits were made to other charitable agencies, or conferences held with them in the interest of patients.
7,526 visits were paid by patients to the members of the Social Service Department.

THREE DEVELOPMENTS IN SOCIAL SERVICE

During the year we were able, through a generous gift, to place a special social worker in our clinic for Mental Diseases, with the remarkable results which are summarized in the chart on page 8. This also illustrates a second notable development: the application of *methods for measuring the value of social service.*

In another department—the Eye Clinic—the result of an efficiency test shows that two years ago, before Social Service was established in the clinic, fifty per cent. of the 1,600 patients who were found to require glasses to preserve their vision did not return to get them. Now this waste is reduced to less than eight per cent.,—a result due to energetic team-work between the oculist and his new aid, the social worker.

EFFICIENCY TESTS OUT-PATIENT DEPARTMENTS

1. What percent of your patients come only once to your clinic?
2. What percent of these are suffering from diseases requiring continued treatmen

Number of visits per patient, classified by diagnosis is a good index of efficiency.

Have you tried it?

Is the following table significant?

Medical Results for One Hundred Patients

Efficiency Test made at the Boston Dispensary, November 1911

	Continued treatment till cured or substantially relieved	27	26%
	Continued treatment and improved	31	30%
	Continued treatment no improvement	4	4%
Medical Waste	Paid only one visit without results	16	16%
Medical Waste	Ceased to return before completion of treatment	17	17%
	Cases pending at time of compilation	7	7%
		102	100%

WASTED WORK EQUALS 33%

Can you prepare such a table for your Clinic?

Suppose a financial supporter asked this question?

This chart was prepared for the Exhibit of the American Hospital Association, September, 1912, at Detroit, Michigan.

These figures bring out clearly one of the large problems in every out-patient department, that of the waste of effort caused by those patients who fail to return for treatment,—cases in which the time of the physicians and the money of the institution have been expended without any adequate result in curing disease. To locate and measure this waste are the first steps toward diminishing it.

The material on which this chart is based was published in the "Boston Medical and Surgical Journal" of June 20, 1912.

While the Social Service Department, which requires highly trained persons, involves material expense, the results show that it enhances the efficiency of work so much that it pays in the long run. The Department adds only about fifteen per cent. to the total cost of the institution, but it increases the efficiency of the medical work, and of our larger service to the community along educational and preventive lines, in many times that proportion.

TRAINING SOCIAL WORKERS

We entered during the past year upon a definite policy of providing training in Medical Social Service for those planning to take it up professionally. The outcome of the year was highly satisfactory, and led to a development of more than local interest. Students at the Boston School for Social Workers, who desire to enter medical social service, take courses of lectures, reading, and conferences at the School, and give a portion of their time—in certain cases half—to practical field work, undertaken either at the Dispensary or at the Massachusetts General Hospital, or in the case of nurses with the Instructive District Nursing Association. The whole course is supervised by a special committee, formed by the School, in which representatives of these and of some related agencies are included. This autumn we have five first-year students and one second-year student coming to the Dispensary for regular service and training.

There is now a demand from trustees and executives of hospitals and dispensaries in all parts of the United States for the establishment of Social Service Departments, for which they require trained workers. The demand much exceeds the supply. It is highly important that persons without proper training shall not overrun the field and lower the standards of this new type of work. Through this combination of forces in Boston, the need of supplying practical as well as theoretical training has been met here as it is nowhere else in the United States.

INTERNAL EFFICIENCY

The progress of the year has been described in three directions; namely, the improvement of our plant through the new Hospital and Nurses' Home, the reorganization of certain parts of our medical service, and the growth of our Social Service Department. The results which can be accomplished through such changes depend largely upon a fourth factor,—the administrative efficiency of our general organization. To this a great deal of attention has been devoted.

Efficiency is always promoted by frequent and accurate reports of work and careful reckoning of its cost. During the past year we have established a system of departmental accounting, suggested in the last annual report. The opening of the Nurses' Home gave us opportunity to reorganize our nursing system under a competent chief. At but slightly increased expenditure we have been able to double the nursing service in our clinics, as well as improve it through better supervision. A number of our clinics which were either unprovided with trained nurses or were inadequately provided, now have what they need to do the best work.

EFFICIENCY versus *HUMANITY*

The fundamental aim of our work is to help sick people who are poor or unfortunate. An administrative organization aimed to reach a high degree of efficiency may, if not carefully watched, subordinate needs of the individual patient to the demands of its own mechanism. To permit this would be to defeat the very purpose for which the Dispensary exists, and it has been our effort to bear in mind at every stage the difficult problem of being both human and efficient. Time was, when the hundred new patients who come every morning stood in line, while waiting for examination, as is the custom in many out-patient departments. This was convenient for us, for patients can thus be "moved" rapidly and less time is wasted in getting "the next" before the examining desk. But on a crowded day this meant fifteen minutes' standing for sick men and tired women. Now we have rearranged our entrance hall, and the patients are seated while they wait.

Efficiency pays, if both human and administrative considerations are taken together. Modern "scientific management" has devised methods for testing the efficiency of business. Cannot similar principles be applied to dispensary management, so that we can test, by methods that do not involve our own bias, the efficiency of medical and social work? This entirely new field has been entered during the past year, and a series of studies made at the Dispensary as a preliminary toward the systematic application of efficiency tests in a medical institution.

PROSPECT

The results which, above all, we wish to achieve through this coming year and every year, are, by the best medical service, to make the sick people who come to us well; and, by education and preventive medicine, to teach the people whom we make well how to keep themselves and their families from getting sick. This means physicians and surgeons, nurses and social workers, medicines and instruments, laboratories and housekeeping; it means skill in defining and solving medical problems of disease, and in recognizing and attacking social problems of poverty and ignorance; it means money expended by the institution, but more money saved to the community from which its patients come.

In the case of sickness that is contagious we see obviously that all classes of society have an interest in its cure. Disease that strides over the roofs of the North End may slip silently into the window on Beacon Street. This is less obvious in the diseases which are not usually classed as contagious; but we are faced to-day with the fact that the crowded tenements which breed tuberculosis and create industrial inefficiency threaten not only those who dwell in them, but those who live at the other end of the town; that the bad milk which kills many babies and the ignorance of parents which harms still more, are evils which all must combine to remedy; that the diseases of sex, the neglect of feeble-mindedness, and the propagation of defectives menace the very basis of our social fabric; that all classes of society—through private associations, through city, state, and national governments, and through the personal efforts of individuals—must work together if these and other problems of public health are to be solved. Sickness and consequent industrial incapability are not only the leading causes of poverty, but the heaviest economic losses which the community has to bear. There can be no more certain economy or more humane service than that which transforms sickness into health and incapacity into self-support.

MICHAEL M. DAVIS, Jr.

TREASURER'S REPORT

Philip S. Parker, Treasurer, in account with the Boston Dispensary for the Fiscal Year ending September 30, 1912

INCOME

Income from investments	$17,100.80	
Income from real estate	104.75	
Income from annuity	1,000.00	
Total income from capital funds		$18,205.55
Receipts from Dispensary clinics: ten-cent fees for medicines, treatments, supplies, etc.		21,127.36
Donations for general purposes	$8,777.00	
Donations for the Hospital for Children	3,508.57	
Donations for the Social Service Department	2,062.00	
Donations for other miscellaneous purposes	1,003.30	
Total donations and contributions for current expenses		15,350.87
Miscellaneous income		863.72
Appropriated from General Fund * for current expenses		16,272.87
Total		$71,820.37

EXPENDITURES

For General Administration: Salaries and supplies	$8,510.62	
Maintenance of building	10,208.29	
Clinics: salaries, instruments, and supplies	11,349.28	
Pharmacy: salaries, drugs, and chemicals	9,275.49	
Social Service Department	9,022.40	
District Work: salaries	3,620.78	
Hospital for Children: salaries	5,483.98	
Hospital for Children: supplies	4,430.55	
Pathological Laboratory	1,081.28	
Total for current budget expenses		$62,982.67
Expenses for equipment and other purposes not charged to budget		8,837.70
Total		$71,820.37

** The book value of the capital funds at the beginning of the fiscal year was $299,455.15; and at the close of the year, $339,968.04, invested in income-bearing securities.*

BUILDING FUND

Construction of the new Hospital for Children and the Nurses' Home, opened in February, 1912

Bequests of Henry G. Pickering	$17,275.79
Real estate and securities given by the Tyler Street Day Nursery Company	18,531.69
Special gift of Mr. William Blodget for the elevator	5,000.00
Appropriated from General Fund of the Dispensary	9,702.72
	$50,510.20
Expenditures for building	50,510.20

EFFICIENCY CONUNDRUMS

No. 1.

If a tenement house can kill a baby as well as a germ, can a hospital afford to have a bacteriologist without a Social Service Department?

No. 2.

If you discovered in your Eye Clinic that forty per cent. of the patients who were found to need glasses did not secure them, on what page of your Annual Report would you publish the fact?

No. 3.

If a widow with children to support needs a vacation as well as *Rx. iron* or *nux vom.*, will you send her with your prescription to the Social Service Department or to the Apothecary?

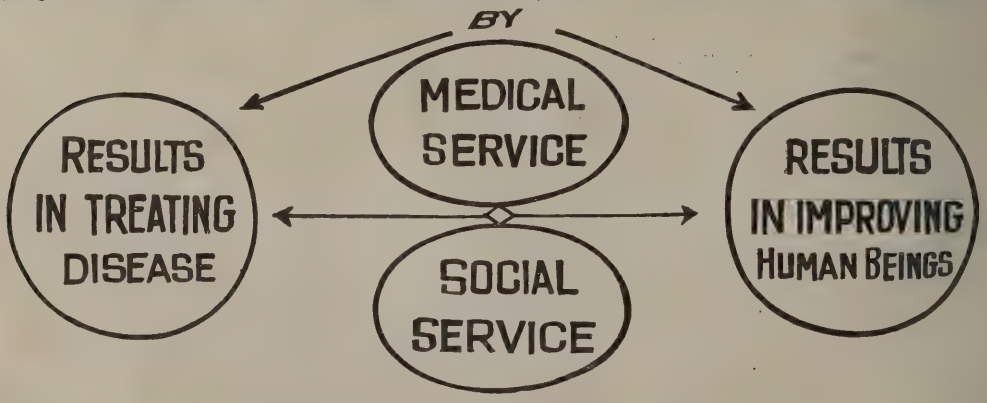
No. 4.

If a patient with advanced tuberculosis is sent from your Medical Clinic back to his crowded home and workshop, how long do you think it will take to get a positive diagnosis on one of his eight children?

No. 5.

If a discharged cardiac case is readmitted to a Hospital six times within two years, and at the seventh admission the man is found to have been living all the time five flights upstairs, will the Superintendent want a Social Service Department to investigate the home conditions of patients and save the $400 which the readmissions cost?

MEASURE HOSPITAL EFFICIENCY



BOTH WAYS

The Boston Dispensary

(Reproduced from a chart exhibited at the meeting of the American Hospital Association, held at Detroit, Michigan, in September, 1912.)

VOL. I NO. 2

THE BOSTON DISPENSARY QUARTERLY

JANUARY, 1913

CHILDREN'S NUMBER

BOSTON DISPENSARY

Established 1796

This, the second number of the Boston Dispensary *Quarterly*, is devoted chiefly to the work of the Boston Dispensary in caring for children, who constitute slightly more than one-third of the total number of patients annually treated. It is the intention that each number of the *Quarterly* shall thus be devoted mainly to a special section of the work.

The first issue of the *Quarterly*, published in October, 1912, and containing a general survey of the work and the Treasurer's Report for the fiscal year closing September 30, 1912, will be gladly sent to any interested person, on application by mail or otherwise to the office of the Dispensary, 25 Bennet Street, Boston.

CONTENTS OF THIS NUMBER

(Photographs and Charts on pages four, seven, nine, and thirteen.)

WHAT THE BOSTON DISPENSARY DOES FOR BABIES AND CHILDREN

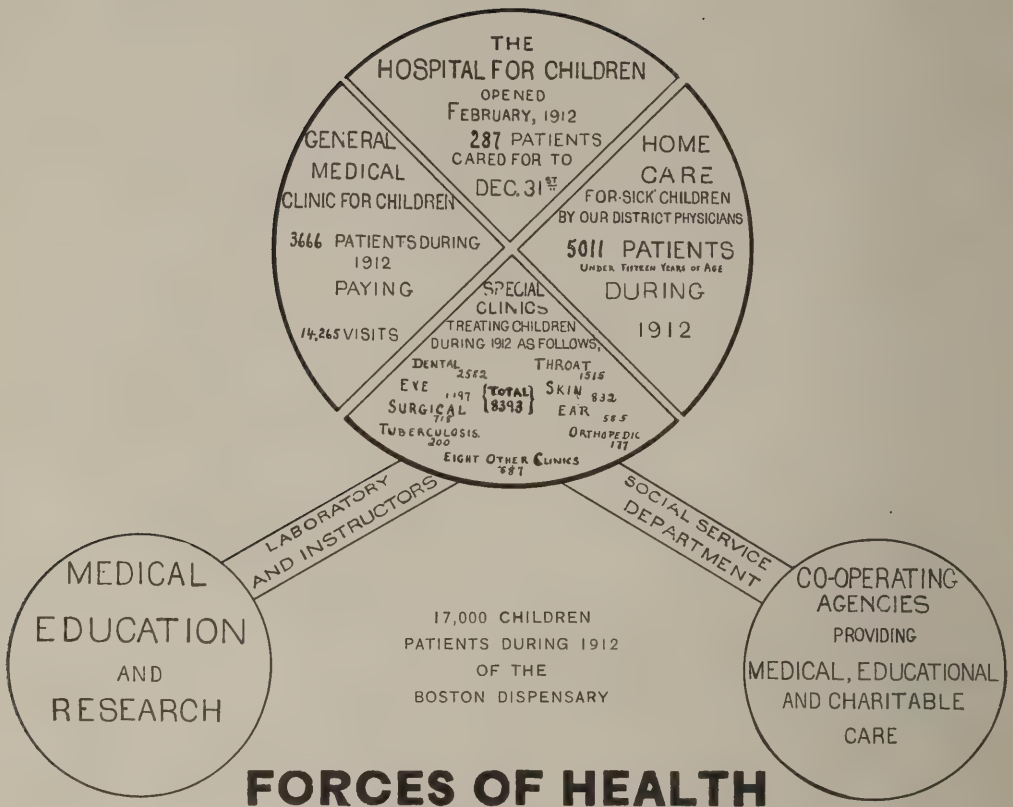
A tiny sick baby came to our admission desk one morning last year. "Has he ever been here before?" inquired the social worker. "No, he is only a month old," answered his mother. "Has he been treated in any other dispensary?" "Oh, no! Why, his great-grandmother says that she used to come to the Dispensary forty years ago, and my father and mother and I have all been here when we have had to have a doctor."

The history of such a family, wavering for fifty years around the poverty line, illustrates vividly the service of an institution like the Dispensary in maintaining the health of successive generations, as they are called upon to do their share of the world's work in the midst of the stern economic struggle. The story makes us realize, also, that from the long-range view of permanent benefit to the community it is work for the health of the *children* that counts for most. To relieve the suffering of the great-grandmother of eighty years calls, indeed, for our sympathy and our best efforts; but to care for the baby appeals as an opportunity to develop, almost to create, an efficient member of society.

This number of the *Boston Dispensary Quarterly* is devoted primarily to the work which this institution does for children, over 17,000 of whom were patients during the past year, the largest medical service to children in Boston. To treat ears and throats, to ease burning skins and bruised joints, to straighten crooked backs and warped limbs, to take out adenoids that clog breath and brains, to fit glasses and to fill teeth,—these are ways of helping not only children's bodies, but the growth of their minds.

Deeper and more complex are the physical and spiritual problems presented by the sick baby whose immigrant mother, full of love and ignorance, brings him anxiously to the clinic; or by the school child who cannot play with other children, and whose rosy cheeks belie ill-health until the doctor's stethoscope tells the sad story of a heart which will demand months or years of care if the child is to grow to healthy and self-supporting manhood. To make the sick baby well and to keep him well needs not only hospital care, but the tactful and persistent education of the parent; to make the child with the weak heart healthy and efficient requires not only long-continued medical supervision, but well-regulated home conditions, intelligent co-operation by father and mother, and adaptation of school life, so that the little one will learn without being overtaxed and be led into a suitable occupation.

Acute illness is the usual beginning of our contact with the child; prevention of disease is the ultimate aim in view. This means the education of parents, so that doctor, father, and mother work together for the child's good. It means that where poverty, ignorance, crowding, and other circumstances are inimical to health, the needs must be met, and the home conditions trans-



FORCES OF HEALTH

VERSUS

ENEMIES OF CHILDHOOD

formed. The social workers on duty in our Out-patient Clinics and Hospital are there to study and understand these conditions, and to attack them successfully, under the physicians' directions. In our work in the homes the nurses of the District Nursing Association render a similar service. Always we lean heavily upon co-operating agencies, on the sound principle that we should undertake to carry out no plan ourselves where a society already exists for that special work.

The Children's Work at the Dispensary, as pictured in the diagram on the opposite page, enters into a wide variety of relations:—

1. The new Hospital.

2. The general medical out-patient clinic for the cure, study, and prevention of the diseases and problems of infancy and childhood. This and the Hospital are described in Dr. Lucas's report.

3. The service in the various medical and surgical specialties, provided by the appropriate clinics of the Dispensary.

4. Treatment of sick children in their homes, the only city-wide service of the kind in Boston, provided by our District Physicians, who care annually for approximately 5,000 children, mostly cases of acute illness.

5. The teaching of medical students of the Harvard and Tufts Medical Schools, and the provision of opportunities for scientific research.

6. Social service, provided primarily through our own Social Service Department; also through the Instructive District Nursing Association, and carefully worked-out plans of co-operation with the chief philanthropic, educational, and municipal agencies in Boston.

7. Team work with the Public School system: co-operation with the school physicians and school nurses, by which about 4,000 school children annually are given needed treatment in our clinics, on reference from the medical authorities of the school system.

It is one thing to make a mother's heart glad by saving her child from illness. It is another thing to create not only gladness but wisdom, so that ignorant feeding and careless home management shall not cause the child to become ill again. The superficial criticism that hospitals "save" many of the "unfit" has no weight as applied to preventive work. While disease may be cured among the "unfit" or unworthy, the prevention of disease is most successful among the better types in the community, whatever their financial means. The offer of *knowledge*, of instruction of mothers and fathers in child-caring, for example, always meets a response in proportion to intelligence.

Health for children! We ask from the public larger support of a work that marches under the banner of this campaign. The number of visits by patients to our Children's Medical Department has nearly doubled during the past year, taxing our space and straining the resources of our staff; and, as the reports of the Ladies' Committee and of Dr. Lucas show, there are practical ways in which generous helpers can be of immediate assistance and bring definite results. A medical service to children, rightly organized in conformity with the scientific standards of to-day, implies not only suffering lessened and hearts lightened, but a better citizenship in the community, a coming generation which shall be of sounder stuff, more fit to bear its part in Twentieth Century America.

MICHAEL M. DAVIS, Jr.

REPORT OF THE LADIES' ADVISORY COMMITTEE ON THE HOSPITAL

The Dispensary Hospital for Children, which has now been open for almost a year (since February 7, 1912), has more than realized our hopes and expectations. Situated on the top of the Dispensary, it is above any building in the near neighborhood, and therefore has all the advantages of sunlight and air. Each ward is so placed as to command the maximum amount of sunshine and air available. Connected with each is a bath-room, linen closet, and necessary accommodations for supplies. The Infants' Ward, the Medical Ward for children up to fifteen years of age, and the Isolation Ward, each has its own private porch, while the large general balcony is used for the surgical patients, and, to some extent, for those from the other wards.

These wards, with the bottle-room, diet kitchen, operating, supply, and sterilizing rooms, make a complete equipment for the care of the thirty children which the Hospital was designed to accommodate. As yet our means have been too limited to allow us to take more than twenty-five patients at a time, and this number has been increased from fifteen only during the past three months. Many generous friends came to our aid when we were facing the question of furnishing and equipment. The Lotus Charity Club has undertaken to furnish the Infants' Ward, and to keep it supplied with bed linen and clothing for the babies. The members of the Club have worked well, and generously given of their time and service, and the result shows in a very complete furnishing of the ward.

The Medical Ward was entirely furnished, and a supply of linen provided, by Miss Evelyn Sturgis, in memory of her brother, Mr. Charles Russell Sturgis, who was an active and interested member of the Board of Managers of the Dispensary.

The porches and balcony have been of inestimable value to the patients. Sheltered and protected as they are, the children can in some weather remain out of doors both day and night.

The babies' bottle-room, where all the milk is modified and prepared for the needs of each individual child, was furnished with a refrigerator built for the purpose, and with other expensive necessaries, by a friend, through one of the members of our committee. This gift has enabled us not only to care for the babies' food by the most modern methods, but also to teach each pupil nurse how to prepare infants' feedings, so providing an excellent experience for future private or hospital work. The nursing staff includes three graduate nurses, Miss Carolyn Brown (in charge), one day and one night assistant, and seven or eight pupil nurses who come for a three months' course, from

In the Medical Ward

hospitals which do not have children's wards. At present four such hospitals are represented: the Charity Club Hospital, the Somerville Hospital, the Brattleboro Memorial Hospital, and the Franklin Hospital of New Hampshire. The nurses' time is variously divided in the wards, and also among some of the Dispensary clinics during the morning service, giving an unusually valuable training. This system has proved helpful and also important to our Hospital, as it gives us an interest in other institutions and is an incentive to keep our work up to the highest standard.

We have benefited much by the knowledge and experience of Miss Frances A. Stone, who came to us a year ago from New York to help in organizing and equipping the Hospital. Miss Stone had had great experience in this work in large hospitals, and through her service the members of the Committee have gained valuable knowledge of economical and proper equipment.

Our Hospital has taken the lead in a most important branch of service. The Social Service Department takes up the case of every patient. The child's home is visited in nearly every instance, and conditions of home and family are studied. If these are found to be such that, through poverty, ignorance, or neglect, the child could not receive proper treatment or care in the home after being discharged from the Hospital, the social workers secure the necessary assistance to make the home conditions right, or, when required, place

the child elsewhere than at home until the home conditions are so changed as to insure to the child the continuance of a healthy and normal life. Several interesting cases are presented further on in this *Quarterly*, showing how patients are thus cared for and followed up, on the social as well as the medical side. No other hospital, as far as we know, has planned a comprehensive scheme of social service in this way, and too much cannot be said of the advantages and economy of these preventive measures.

As the first Quarterly Report of the Dispensary stated, the cost of running this Hospital of thirty beds is $15,000 a year, all of which has to be raised by voluntary subscriptions. We are sadly crippled by lack of money. The greatest help would be to have our beds endowed. This would be possible with a yearly income for each bed of $500. Such a gift means saving the lives, or permanently bringing to health, thirty children or babies,—the average number which use a bed during a year. Of course, all contributions of whatever size are most gratefully received by us, and we try to put them to the utmost use. Any donations of old linen, toys, and picture-books for the children we should also gladly welcome.

We hope that many visitors will come to see our Hospital and its work. Here we are helping the most needy and helpless of our future citizens, "by applying to the problems of each patient the combination of scientific knowledge, technical skill, and social training, warmed and inspired by the human sympathy which the suffering of sick children kindles in every heart."

Mrs. Edward R. Warren, *Chairman*

Miss Mary Josephine Amory
Mrs. William Blodget
Miss Rosamund Bradley
Miss Marion Brown
Miss Isabella Curtis
Miss Alice de Ford
Mrs. Edward C. Streeter
Miss Evelyn Sturgis
Miss Evelyn Thayer
Mrs. Samuel D. Warren, Jr.
Mrs. Renton Whidden
Mrs. Moses Williams, Jr.

A Corner of the Balcony

Two Typical Hospital Cases

A. L., a girl of nine years, was admitted to the Hospital on March 16, 1912, suffering from pleurisy with effusion.

The *family problem* was acute: bad housing and over-crowding in sleeping-room; family in debt; paternal uncle (living with family) a drunkard and in third stage tuberculosis.

The child needed, after the stay in the Hospital, convalescent care in the country and continued medical supervision by the Out-patient Clinic for at least one year. In order to solve this *after-care problem* we had to educate the parents to the point of allowing this after-care.

We were successful in dealing with this *educational problem*, and, on April 24, after fifteen days' stay in the Hospital, the child was discharged to Chickering House in the country. The family was referred to the Associated Charities, and the tuberculous uncle was moved out of the home.

Results: After eight months the child's chest is clear and she has improved, although still under weight and somewhat nervous; the family have moved, as desired, to a better home, and have cleared off their debt through their own exertions.

J. B., boy twelve months old; admitted to the Hospital August 1. *Diagnosis:* Fermental diarrhœa.

The family presented us with the *educational problem* of adjusting Italian customs and standards to American conditions, especially in matters of ventilation and diet. The mother had to be taught to modify the milk for the baby.

The housing conditions were undesirable, and other children in the family were not well. It was necessary for us to plan so that the child could be sent home to remain under supervision by the Out-patient Department.

On September 19, after fifty days' stay in the Hospital, the child was *discharged home* in good condition.

The *family and the educational problem* were dealt with as follows: other children were given medical treatment at the Dispensary; a visiting housekeeper, secured through another agency, is teaching the mother cooking; the Board of Health was called in and compelled the landlord to improve the housing.

Results: Fourteen weeks after discharge the child is taking his food well and gaining weight. The family standard of living has been raised, and is being maintained.

TEN MONTHS' WORK OF THE HOSPITAL FOR CHILDREN

The cure of disease is a public necessity
The prevention of disease is a public economy

More and more it is recognized that the prevention of disease, or its synonym, the promotion of health, is the largest purpose of a hospital, reaching beyond its well-recognized duties of caring for acute illness and encouraging medical education and research. It is neither wise nor economical to nurse a sick man to convalescence, and to discharge him without being sure, or without a reasonable effort to make sure, that the conditions of his life after discharge are such as to give him a fair chance of continued health.

With many patients of all classes, and with most patients of limited means, an attack of serious disease suggests, if it does not indicate, a personal or home situation which is inimical to health,—poverty or under-feeding, over-work or unemployment, long hours or dangerous trades, overcrowding or insanitation, or an ignorant, intemperate, or neglectful family. To relieve disease without removing, so far as possible, the conditions which cause it, invites the recurrence of illness, industrial irregularity, family crises, and re-admissions to hospitals,—all costly to the individual and to the community.

Our Hospital began ten months ago with the distinctive aim of trying to work out this theory in practice. One of our first patients, for example, was a boy of seven years, admitted to the Hospital on the twenty-fourth day of February, 1912. He had acute endocarditis. The chance which a child of his age, with heart disease, has for ultimate good health is not of the best. Our Social Service Department soon ascertained that the chances of this child would have been *nil* had he been discharged from the Hospital to the home conditions whence he came. We really faced, not only the disease, but three other problems, namely:—

1. *After care.* The child clearly needed sanitarium care for several months after discharge from the Hospital. We had to find the sanitarium that would admit him, and the money to pay for his stay there.

2. *Educational.* Overcoming a strong prejudice which the father had against hospitals. Teaching the mother the seriousness of the child's malady, and overcoming her fear of having her boy sent from the Hospital for after-care among "strangers."

3. *Family problem.* The father was sick and out of work, the living rooms were small, up several flights of stairs, and in an undesirable location.

The physician attended to the immediate medical problem; the Social Service Department met the after-care problem by placing the child in a sanitarium for heart cases in Newton; and some benevolent individuals raised the necessary funds. Conference with the parents removed their fears and changed their point of view toward the Hospital; the father was urged to have medical treatment; the family was persuaded to move to a suitable home in the suburbs; and, after nineteen weeks, the boy returned from the sanitarium

greatly improved; the father was well and at work; and the Out-patient Clinic will continue to supervise closely the medical care of the child.

During nearly eleven months, ending December 31, 1912, since the Hospital was opened, we admitted 287 patients, including 105 babies, 81 medical cases of older children (up to fifteen years), and 101 surgical cases. Through the summer difficult feeding cases came in numbers to our babies' ward. We have an Isolation Room for contagious diseases that break out in our wards; but, as we have had this occurrence only once, the room has been mainly utilized for cases of congenital syphilis. As such cases are admitted to no other hospital in Boston, and as the mortality among these patients is, even with the best of care, very high, we feel that we are thus meeting a special need. Public interest in syphilis is increasing rapidly, and opportunity should be afforded in hospital wards for admitting and treating such children.

It has been our effort to give the maximum of kindness and of efficient medical care, and also to complete the full measure of our responsibility by dealing with the family, the educational, and the after-care problems of each child. This is illustrated by two typical "case histories" on page 9. The needs of these patients were not exceptional; for, as a tabulation of all the cases admitted up to August 31st shows, 85 per cent. (95 in 113*) presented definite after-care problems which were dealt with as follows:—

Discharged home under medical supervision (one died at home) . .	35
Boarded out under the supervision of a social agency (with medical supervision also in some cases)	18
Convalescent care in medical institutions, with the understanding that they were to return, when discharged, to be followed up by us (four died while in the institution)	24
Convalescent care in medical institutions without the understanding that we were to follow them up after discharge therefrom .	10
Left the Hospital against advice	1
Discharged to special classes or in other individual ways	7

Thus only 15 per cent. of the patients could be properly discharged home without arrangements for further supervision. 70 per cent. presented family problems with which we had to deal; and 54 per cent., educational problems. In the routine of our Hospital, the patient is not discharged until the social worker, as well as the physician, has signed the discharge book; thus indicating that the family and educational problems, if any, have been attacked, or at least considered, and that the plan for after-care has been actually made. Should not social discharge thus parallel medical discharge in every hospital?

What are the results? The following table shows that our theory has been carried out into practice; that a large proportion of cases have been kept

* The patients admitted since August 31st have not been included because so many of them were discharged too recently to show as yet the final social results. From the opening of the Hospital in February to the end of August, 164 patients were admitted. Among these are included 28 children who were kept over night after the removal of tonsils and adenoids. These were not followed up by the Hospital because each was brought to us by a school nurse. There were also 5 children admitted to the Hospital for reasons of emergency, held for a brief period, and not taken up by the Social Service Department. The remaining 131 cases are tabulated. Of these, 18 died in the Hospital.

It is interesting to know that in 83 out of 112 cases (73 per cent.) the follow-up work was largely performed by one or another of 55 co-operating societies, medical, educational, or philanthropic, it being our policy not to undertake work for which there already exists an appropriate agency in the community. Our Social Service Department serves us as an essential connecting link.

under supervision for a considerable period after discharge, the length of time depending chiefly upon the nature of the disease; and that in a large proportion of cases we are able to state results which are based upon consideration of home conditions, as well as on the child's physical condition at the moment of leaving the wards.

Results of After-care

	TIME AFTER DISCHARGE AT WHICH FINAL REPORT WAS RECEIVED.								
	Two Weeks	Two Weeks to One Month	One Month to Two Months	Two to Four Months	Four to Six Months	Six to Eight Months	Eight to Ten Months	Totals	*Per cents.*
Well (case closed) . . .	3	5	6	10	3	4	1	32	*33*
Improved (case closed) .	2	6	2	7	4	—	1	22	*23*
Not improved (case closed)	—	—	—	2	1	—	—	3	*3*
Pending and followed, improving	—	1	3	1	6	4	2	17	*18*
Pending and still followed; no medical report yet	—	1	1	1	2	2	—	7	*8*
Medical outcome not ascertainable	3	3	2	1	—	—	—	9	*10*
Died (see table p. 11) .	4	1	—	—	—	—	—	5	*5*
Totals	12	17	14	22	16	10	4	95	*100%*
Per cents.	*13*	*18*	*15*	*23*	*17*	*10*	*4*	*100%*	

Other Cases

Died in Hospital	18
Transferred to another hospital and case closed	1
Discharged well, requiring no further medical report and presenting no family problems, therefore not followed up (surgical cases) . .	7
Could not be followed because moved out of town	3
Not followed up for various other reasons	7
	36

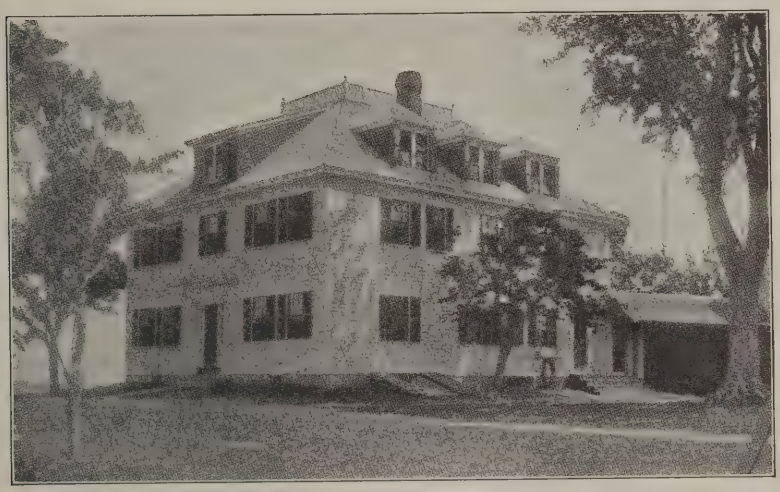
This table presents a *method* rather than a bid for judgment on the results. Conclusions cannot be drawn until the Hospital has been in existence for a longer time. We are trying the experiment of combining social service with medical care, in the endeavor to maintain health as well as to renew it; to prevent disease as well as to cure it. In order to work out this policy, to incorporate its details smoothly into the administration of the Hospital, and then to test the results, will require a longer period than ten months. What has been done thus far gives us renewed faith in our program: we want the full moral and financial support necessary to perfect and standardize it.

WILLIAM PALMER LUCAS, M.D.,
Physician in Charge, Children's Medical Department.

THE CHILDREN'S MEDICAL OUT-PATIENT DEPARTMENT

Thirty-seven hundred sick children! 259 cases of heart disease, 353 of infant feeding, 442 of bronchitis, 87 of acute indigestion, 50 of cervical adenitis, 56 of rickets, and over double as many of a hundred other diseases,—it is a list all too long, all too heavily freighted with suffering.

Winning Farm



Through the co-operation of the South End House and of the Trustees of the Farm, the Dispensary was enabled to send twenty children to Winning Farm, a finely-located estate near Lexington, during May and June, and eighteen children during September and October. While there are a number of convalescent homes about Boston, it is very difficult to secure admission for patients who require more than a short residence.

The children whom we sent remained for the two months. They derived great benefit. The majority were cases of heart disease, and, without Winning Farm, would have been unable to attend school this winter, as they are now doing. Medical supervision has been continued through the Out-patient Clinic. One-third of all the running expense was paid by the children's families, and the remainder was borne jointly by the Dispensary and South End House, whose co-operation has placed us under heavy obligations. The Dispensary's share was largely provided by one generous friend.

During 1912, 3,666 children were recorded as patients in the Clinic, and 14,265 visits were paid. These figures represent an increase of 778 patients over 1911, while the number of visits increased still more rapidly—96 per cent., almost double. One of the most pleasant and helpful features of the year was the co-operation of the other clinics of the Dispensary, dealing with the various medical and surgical specialties.

The organization of this clinic has been carefully studied during the past year, with a view to securing

1. *The maximum of internal efficiency in curing disease.*
2. *The maximum of external efficiency in following up and preventing disease.*

INTERNAL MEDICAL EFFICIENCY

The members of the Medical Staff of the Department are each assigned to the study of a particular medical problem or group of diseases. Thus one physician has been placed in charge of cases of infant feeding; another, in charge of those of heart disease; another, those of rickets; a fourth, of gastric and intestinal conditions in children between ten and fifteen years of age; and still another, of diseases or problems of development of adolescent girls. The last is the only clinic of its kind in the country, and its growth has been most encouraging. Each patient, after receiving a brief general examination, is referred for diagnosis and treatment to the appropriate member of the staff.

Thus the special scientific interest of each physician is promoted, and his interest in his patients correspondingly increased, necessarily with benefit to the care given. Research is stimulated by the same plan, each member of the Staff being now engaged at work upon some special problem, with the intention of presenting a report or paper upon it within a certain period. The clinical and pathological laboratory provided by the Dispensary immediately adjoins the rooms of this clinic, and its facilities are fully used for both Out-patient Department and Hospital. Half of the time of a trained laboratory worker is provided, by a special fund, for purposes of research. Medical students from both the Harvard and the Tufts Schools receive instruction in the Clinic and in the Hospital, under Dr. Lucas, a member of the Pediatric Department at Harvard, and Dr. Emerson and Dr. Barron, members of the Department at Tufts. In addition to these, the working staff of the Department has been Dr. Theodore W. Ely, Dr. Mark H. Wentworth, Dr. Grace A. Jordan, Dr. A. D. McLennan, Dr. W. W. Barker, Dr. Harold Bowditch, Dr. Sarah E. Coppinger, and Dr. Charles P. Sylvester.

EXTERNAL MEDICAL EFFICIENCY

On first coming to the clinic, every child and the accompanying adult are met by the member of the Social Service Department, who is assigned regularly to the clinic, and a "social history" is taken to reveal the circumstances of the patient and family. *The purpose of this is not to determine their financial means, but the conditions which will affect the treatment of the child's disease.* A mother with five young children, and a husband earning twelve dollars a week, obviously cannot provide proper nourishment or home conditions for a five-year-old boy with rickets. To discover these home conditions and to remedy them is often as essential to the cure of the disease as to diagnose the trouble medically.

Each child's mother or guardian is given a slip, asking that the child be brought back to see the doctor on a specified day, the date being filled in by the physician. Memoranda of these patients, kept on stubs, are filed under date in a card index. Those who do not come back on the day required are, as a rule, reminded by postal cards, and a home visit from the social worker may follow if a patient, suffering from a serious disease, does not return. This represents an attempt to remedy the most unsatisfactory part of the ordinary out-patient service. While we regard many points in the system as still in the experimental stage, the results thus far achieved are, on the whole, satisfactory. The average number of visits per patient has risen to 3.9 as against 2.5 under the preceding service.

HEART DISEASE IN CHILDREN

Medical school inspection reveals the fact that there are in Boston at least 3,000, and probably not less than 4,000, school children who have heart disease. With proper care many of these can grow up and be made self-supporting; but without it they will wear themselves out, and either die or be chronic invalids, dependent upon others for maintenance.

A study made of 259 cases of heart disease now being followed in our Out-Patient Clinic shows that 70 (27 per cent.) require hospital or sanatorium care for a considerable period; while 179 (69 per cent.) can be treated as ambulatory cases in an out-patient department if sufficient supervision is maintained. Whether cure is possible in the cases of heart disease which begin in early childhood, is a question on which medical men somewhat differ. There can be no doubt that in a certain proportion of cases, particularly in those in which the heart trouble does not develop too early, good health can be re-established, provided the children are watched, their school life guarded, and their work limited so that they are kept from overdoing. These "heart" children are second in numbers only to those afflicted with tuberculosis, to whom so much attention has been devoted. To care for these children medically, to train them and fit them into occupations in which they can be self-supporting, is a task requiring the joint efforts of physicians, social workers, teachers, school administrators, and vocational counsellors. It is a problem which we are only beginning to attack, and one which should be called prominently to the attention of the public.

EDUCATION FOR MOTHERS

Adequate and careful instruction must be offered mothers in carrying out physicians' directions. When it is understood that no less than 350 infant feeding cases were in our clinic last year, it will be appreciated that the provision of this education is a considerable undertaking. Intelligent and practical exhibits of proper clothing, sleeping arrangements, etc., for babies and children are part of the necessary equipment of the clinic. We have an exhibit of this kind. For babies it is possible to refer mothers to the stations of the Milk and Baby Hygiene Association, from which trained nurses will visit the home and teach the proper care and modification of milk, when mothers cannot nurse their own infants. The need of instructing parents in proper food, clothing, and general hygiene for children over two years of age is hardly less urgent.

THE CLINIC'S NEEDS

The growth of nearly 100 per cent. in the number of patients visiting our clinic during the past year has overcrowded us, and we are working under conditions which limit efficiency, particularly in the individual attention which every mother and child requires. We ought to organize special subdivisions of the clinic for preventive and educational work, and we should have a larger force of social workers to do the follow-up service which we know is needed. To develop our service in preventing as well as curing disease; to promote scientific research; to endow beds in the Hospital for our patients, almost all of whom are from families too poor to pay more than a fraction of the cost of their care,—these are surely worthy objects for generous givers.

W. P. L.

THE WHEEL OF HOSPITAL EFFICIENCY

IF ANY of the SPOKES or PADDLES are LACKING, MUCH of the ENERGY of the stream is WASTED

THE CURE OF DISEASE IS A PUBLIC NECESSITY
THE PREVENTION OF DISEASE IS A PUBLIC ECONOMY

VOL. I NO. 3

THE BOSTON DISPENSARY QUARTERLY

APRIL, 1913

The original of this picture of the Good Samaritan, which is still preserved in the Boston Dispensary, was painted on wood in 1707, by order of the Board of Managers, as the insignium of the institution, and hung out at No. 61 Cornhill (now 219 Washington Street), the location at which the Dispensary was established.

DISTRICT PHYSICIANS' NUMBER

Describing a medical service to the homes of the sick poor of Boston, which has been in daily operation since the autumn of 1796.

BOSTON DISPENSARY

Established 1796

This number of the *Boston Dispensary Quarterly* describes chiefly the service to the sick poor in their homes by our District Physicians. The Dispensary statistics for the year 1912 are also included.

No. 1 of the *Quarterly* (October, 1912) contained a general survey of all departments of the Dispensary; also the Treasurer's Report for the fiscal year. The January issue was devoted to our Hospital and Clinic for Children. Either or both numbers will be gladly sent on application to the office of the Dispensary, 25 Bennet Street, Boston.

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LOOKING AHEAD

It is not usual in this country that an institution can point to a service which has been continued daily for a space of a hundred and seventeen years; yet the work of the District Physicians of the Boston Dispensary began in the autumn of 1796, as the only medical charity through which the poor of Boston could secure a physician at their homes.

In the first year of that service 80 of the 20,000 inhabitants of the city were cared for,—one patient for every 250 of the population. During the year 1912 there were 16 District Physicians instead of one, and they treated 9,494 individuals in a city of about 700,000, or one patient for every 74 of the population. This service to the sick poor in their homes has become so identified with the community that it is sometimes thought to be a municipal service; yet it has been maintained since its foundation by the Boston Dispensary without ever a penny of appropriation from the public treasury.

The magnitude of the work and the character of its present organization are excellently described in the report of Dr. Chase and the stories contributed by some of the District Physicians. The many physicians of Boston who, during their earlier years, gave time and devotion as District Physicians of the Dispensary will, we hope, find some pleasure in viewing the enlargements and improvements which have come about, and this publication of the Dispensary carries to each of them a word of gratitude from the institution which they generously served.

A public service of this character cannot stand still. It faces twentieth-century conditions, and must progressively adapt itself to their demands. Of the many problems looming in the future, three may be named:—

Utilizing the District Service in Medical Education

1. Medical science and the education of medical students have been revolutionized by the introduction of laboratory methods. A large part of the medical curriculum is new. Opportunities for research positions and for laboratory assistants in private or institutional work now open avenues to ambitious young physicians which were unknown a generation ago. The hospital has become so important a part of the scheme of medical education that a season's service as an interne is already a customary, and will soon be a required, addition to the four years' curriculum of all good medical schools.

The bearing of this upon our District work is by no means indirect. The post of District Physician a generation ago provided an almost unique means to the young Boston physician of securing practical experience after graduation, and the sick poor had the benefit of the services of the picked graduates of the medical schools. To-day many new kinds of opportunities in hospitals and laboratories are open. There is real danger, however, that the pendulum is swinging, or even has swung, a little too far. The problems of treating patients in hospitals, where all resources are ready at hand, and of treating patients with the same diseases under the conditions of a tenement home, may be said to differ in kind as well as degree. It is a question whether the hospital service—essential to the physician's training as it is—gives an adequate amount of bedside experience of the sort which the physician will need daily in professional practice. It is just this experience which the District Service affords.

Are we not therefore justified in the conclusion that the field of the District Physician is of value in medical teaching, and should be made available to students, under proper conditions, more fully than has been the case in the past? Furthermore, would not a combination with the hospital interneship—by which the interne would give part of his time to hospital work and part to service as District Physician, be of great value to the young medical man and mutually beneficial to the institutions concerned?

Training for Public Health Service

2. Preventive medicine and sanitary science have scored triumphs in recent years; but most Boards of Health are far from the point where they demand as Health Officers men who have received special training. The establishment of courses leading to the degree of Doctor of Public Health or to special diplomas in sanitary science is, however, beginning, and will undoubtedly enlarge materially in the near future. In this, Boston, through two notable institutions, has placed itself well to the front. To the increasing number of physicians who will come to this city for training in Public Health Work, service as District Physician would offer an unusual opportunity. Such a service combines a bedside practice with the opportunity to observe at first hand the environment in which disease appears. To adapt its work in one or more districts of the city so as to assist in the training of Public Health Officers would be a legitimate service which the Boston Dispensary might render.

Meeting Modern Social Demands

3. Modern philanthropy has advanced with great strides, and likewise have its institutions,—charity organization societies, child-helping agencies, educational and civic bodies. Medical agencies to-day are considering more and more the social problems of their patients. On the other hand, charitable and social agencies are giving more consideration to the health of their beneficiaries, and therefore make largely increased demands for assistance from hospitals, dispensaries, and private physicians. The profession has responded in accord with its fine traditions; yet the demands are so great that they often cannot be met without hardship. The work of our District Physicians well illustrates this, as calls from charitable agencies to visit patients, to furnish reports, or give special service are vastly more frequent than even two years ago.

The system of visiting nursing organized by the Instructive District Nursing Association of Boston now provides the physicians of the city, and in particular our District Physicians, with material assistance in this respect. The policy of the Dispensary District Service should be such as to utilize more fully than at present the assistance now provided by the District Nurses in dealing with the social problems of patients. Physicians must understand the problems concerned, and must be prepared to give the time and interest to solve them by working with the visiting nurses. To this end, medical schools and hospitals need to instruct physicians more adequately in the social relations of medicine. Doctor and social worker alike must be prepared to deal with the problems of personality, of living and industrial conditions which cause ill-health, as well as with the consequences of these causes apparent in individual cases of disease. The present trend of both medicine and philanthropy is in the direction of *preventive* service.

MICHAEL M. DAVIS, JR.

SKETCHES FROM THE DAY'S WORK OF A DISPENSARY DISTRICT PHYSICIAN

One morning in the early part of February, nineteen hundred and thirteen, the District Physician knocked at the door of Suite 3, No. 25 —— Street, West End, and was ushered into the back kitchen of an uncleanly apartment with the salutation: "Vell! vat is it; who are yer; and vat d'ye vant here?"

"This is the District Doctor. You sent for us, didn't you?"

"Sent fer yer? I should say I did send fer yer. I lef der call at der Peabody House haf pas eight dis morning, and it's tvelve o'clock now, ain't it? Vy, my baby die fore *you* git roun'."

"My dear fellow, there were ten calls to make this morning. We have made only five of them. Don't you see we are trying to give you pretty prompt attention?"

"Vell, I don' care about dat. I pay my tax like an hones' man, and der city should send a doctor ven I need him."

"My good man, the city of Boston has no physicians in its employ who give regular care to the sick people in their homes."

"Vat!! Ain't you der *City* doctor? Den I no vant yer: I haf no money to pay."

"My dear boy, I tell you there are no city doctors."

"Vell, all I know is vat Jake, mine fren' across der street, tell me; and he say der city doctor come to his house las' week an' do a fine job for his baby, vat haf der moosles an' pneumonie. He tell me der doctor come ev'y day, and

A West End Vista

der nurse she come ev'y day; and sometimes she come two times der same day. An' Jake he say: 'Vat d'ye tink o' dat, Max? Der city send a perfesser doctor to mine house, an' a nurse, an' it don' cost me a cent.'"

"No, Max! The city did not send the doctor to your friend Jake's house. The doctor came, as I do, from the Boston Dispensary on Bennet Street, and the nurse from the District Nursing Association on Massachusetts Avenue. We work together for you, if you are not able to pay for good medical care, and we are very happy to do whatever we can for you."

"Vell, vell!!! mine dear doctor, I beg yer pardon; an' I tell Jake ven I see him, but I no believe it yet."

"Now, Max, tell us about the baby. When did it die?"

"Die? Nit far kein eden gedacht!! Mine dear doctor, der baby no die already yet! Go in an' see him, blease."

Max leads the way into the front room through a narrow vestibule, the only room of the apartment facing upon the main street. The air of the room is dense and foul with the nauseating odors of stale and decaying vegetable matter. All of the windows, of which there are four, are tightly closed. "Ve shut dem oop ter keep der damp air out," explained Max.

Farthest removed from the windows, in the remotest corner of the room, we find the little patient lying beneath the ample folds of a voluminous feather mattress, asleep on his unclean bed. With open mouth and dilated nostrils, he is fighting for his life at the rate of seventy inspirations to the minute.

We learn from the father that Abe (for that is the baby's name) is two years old, and the youngest of a family of six living children. Fannie, the eldest, is a "pootty gerl" just turned fifteen, who for the past eight months has worked in a candy factory. By industry and tact Fannie has become so proficient in her work that she adds to the family income five dollars each week.

The father, despite his gruff greeting, is an earnest, kindly-looking man, a "garment worker" out "on strike." Already he is keenly feeling the pinch of poverty in his enforced idleness. Out of his usual wage, which at the best is but nine dollars weekly, Max has been able to lay by a tiny nucleus; but even that "iss about gone." The wife and mother has gone "out on der street," in the hope of adding a trifle to the household funds by peddling. Max stays at home to care for little Abe. And this is the story as he gave it to us:—

"Mine leettle boy he nefer sick before. A veek ago to-day he haf a feber come. He cry mit pain der whole night long. He no eat nodding; he cough; he take a lots of vasser. I tell mine vife, 'Gif bissle vasser; too mooch no good.' Ah, doctor! Please, mine baby ver sick. I tink he die."

"Your baby has been sick a week! Why, in the name of all that's good and great, did you not send for us before?"

"Ven Abie first tak sick, ve send for der private doctor, an' he come two time, an' I gif him a dollar each time. Ve haf no money now; and he no come again tell ve send for him."

The patient is a fairly robust youngster, although he shows unmistakable signs of being under acute physical expense. But for the face, which is suffused by a purplish flush, his skin is white and clear and moist. The tongue is dry

and covered with a grayish coating. The blue lips are parched and cracked. The nose and pharynx show no evidence of local disease.

As we have already noted, the respirations were seventy. The pulse beats were one hundred and sixty, and the temperature by rectum stood at one hundred and six. In short, complete examination pointed direct to lobar pneumonia,—not an uncommon disease in children of two years.

The child is desperately sick. We strongly urge removal to hospital. The father begs and prays to keep his baby home. "All right, my man: we'll keep him home, and do our very best." And so we did; and, despite the delay in attacking the disease, little Abe made a good recovery. We feel the little chap has now a better chance to start his life, for the home has learned a lesson from its experience with disease, and, if you enter it now, you will find it everywhere clean.

Old Dora D. has been a patient of the Boston Dispensary, off and on, for years,—so she told us when we first saw her in her humble home one stifling day in July, nineteen hundred and twelve. On that hot day we climbed up eighty stairs, and found the lady prisoned in her bed.

A day or two before a thoughtful friend, knowing our close relations with the needy poor, had given a book to be placed where it might do the most good. We had it in the bag.

Dora was a handsome old dame. With smiling face she greeted us. "I am glad to see you, Doctor: I know you are my friend. The District Doctors have been so good to me for many years."

Dora was bed-ridden, partly by discouragement, but in the main because she was incapacitated by a lameness of the right hip. "Seventy-five years of age! But I feel a hundred, and I had rather die than lie around useless and in constant pain." Some five-and-thirty years ago Dora's grand climacteric had given her a stormy passage, and she had not known bodily comfort since. A widow, for forty years she had supported herself with the help of her only daughter, her "baby" Jane, as she called her. Jane is a woman of fifty, but she looks older than her mother. Long before the State House dome has glimpsed the morning sun, Jane is at work in a down-town office building, and, if she is promptly on duty for six mornings of the week, she gets $5.00 for it. Thus this mother and daughter live and make a home. Dora says that she used to keep boarders; but, as her strength and courage failed, one after another they left her house.

It proved a difficult matter to dig up any intelligible history bearing on the present condition of this unfortunate sufferer, and the anchylosis of the hip joint could not be accounted for. In July, 1912, all the organs of the body were performing their normal functions, with the exception of the bladder. The hip joint would not budge without bringing a cry of pain from the patient. It was stiff and useless.

That, however, was months ago. Since then most of Dora's ills have vanished. When I saw her last, on the 20th of March, 1913, she said gratefully: "I sleep very well, Doctor, and am up and about for several hours every day. My appetite is good. I am so thankful to you for leaving us that diet order! Jane has not been well, and, while not really sick, the poor child did not feel equal to going to work last week."

We had given her an order on the North End Diet Kitchen, and the milk and eggs had helped out marvellously.

"Well, Dora, how about that hip?"

"For God's sake, Doctor, leave that poor hip alone. It's better now than it has been in years. You half kill me when you fix it, and yet I am very thankful for what you've done, and I am satisfied to leave it as it is. Just

The Doctor goes often into an alley where the sunlight comes seldom

let the good nurse come every few days to give me the hot flat-iron massage. It's done me more good than anything I ever tried."

So we may leave Dora, although we shall call on her again after a while. She had enjoyed the book that was left with her, which chanced to be a copy of "Elsie Venner," in good large type. The name brings back the thought of Oliver Wendell Holmes, who a generation ago trod these very thoroughfares, performing, as a part of life, the self-same duties of a Boston Dispensary District Physician.

ALBERT EVANS, M.D.

MEDICAL MEN OF BOSTON,

Now Living, who have Served as District Physicians of the Boston Dispensary

With the Dates of Service

Samuel A. Green	1858–63	William B. Mackie	1866–66
David F. Lincoln	1866–70	William L. Richardson	1870–72
Charles P. Putnam	1871–73	Reginald H. Fitz	1871–73
Bennett F. Davenport	1872–74	William J. Morton	1872–73
William H. Ruddick	1873–73	Walter Channing	1873–75
Amos L. Mason	1873–75	John G. Stanton	1874–76
Elbridge G. Cutler	1875–76	Frederic C. Shattuck	1875–77
Thomas M. Rotch	1876–78	Edward F. Hodges	1876–79
Edward H. Bradford	1876–77	Abner Post	1876–78
Charles P. Bancroft	1879–81	Edward L. Parks	1879–80
Charles M. Green	1879–80	Francis H. Williams	1879–81
Henry W. Broughton	1879–81	William W. Gannett	1880–82
Harold Williams	1880–81	James J. Minot	1880–81
John W. Elliott	1880–81	Henry L. Morse	1881–82
John W. Farlow	1881–82	John B. Swift	1881–82
Morton Prince	1881–82	Samuel J. Mixter	1882–83
Vincent Y. Bowditch	1882–83	William N. Bullard	1882–84
Robert B. Dixon	1882–84	Walter J. Otis	1882–83
Rufus A. Kingman	1883–85	George H. Monks	1884–85
Winifred B. Bancroft	1885–88	James S. Howe	1885–86
Hayward W. Cushing	1885–86	William F. Temple	1885–88
Herbert B. Whitney	1886–87	Howard M. Buck	1886–87
Frederick M. Briggs	1886–88	Edward Reynolds	1886–88
Henry Jackson	1887–89	Robert W. Lovett	1887–87
Charles W. Townsend	1887–88	George G. Sears	1887–90
Fred. W. Stuart	1888–90	Silas H. Ayer	1888–91
Henry C. Baldwin	1888–90	Algernon Coolidge, Jr.	1889–90
William S. Boardman	1889–91	George A. Sargent	1889–92
Samuel Breck	1889–91	Edward L. Twombly	1890–92
Fred C. Cobb	1890–90	Augustus Thorndike	1890–91
Arthur K. Stone	1890–90	Charles D. Fillebrown	1890–95
William S. Thayer	1890–91	Paul Thorndike	1890–91
George H. Washburn	1891–92	Joel E. Goldthwait	1891–93
William H. Prescott	1891–93	George A. Craigin	1891–93
William E. Fay	1892–92	Horace E. Bragdon	1892–95
William P. Derby	1892–92	Augustus H. Wentworth	1892–93
William E. Chenery	1892–93	Eugene M. Holden	1892–93
Joseph Hicks	1892–93	John J. Thomas	1892–93
William R. Woodbury	1893–93	John L. Morse	1893–93
Horace D. Arnold	1893–93	Charles M. Whitney	1893–93
John C. Ames	1893–93	Benjamin Tenney	1893–95
Malcolm Storer	1893–95	Edward A. Pease	1893–94
Edwin W. Dwight	1893–94	Franklin G. Balch	1893–94
John B. Blake	1893–94	Fred B. Lund	1893–95
John Dane	1893–94	Frederick R. Tower	1894–95
Farrar Cobb	1894–95	John W. Bartol	1894–96
Warren F. Gay	1894–96	Nelson C. Haskell	1894–97
Howard N. Lothrop	1894–96	William L. Edwards	1895–97
Edmund C. Stowell	1895–97	George M. Muttart	1895–98
John S. Phelps	1895–97	John W. Dewis	1895–97
C. Morton Smith	1895–97	John N. Coolidge	1896–97
Charles H. Hare	1896–97	Frank A. Higgins	1896–98
James S. Stone	1896–98	Arthur L. Chute	1897–99

William P. Coues	1897–98	Sidney A. Lord	1897–98
George A. Harlow	1897–98	Frederick Drew	1897–99
Carl A. Ewald	1897–98	Richard F. Chase	1897–98
William H. Grant	1898–99	Charles N. Barney	1898–99
Frederic J. Cotton	1898–99	Elliott P. Joslin	1898–99
Franklin S. Newell	1898–99	Joshua C. Hubbard	1898–99
Franklin W. White	1898–99	Daniel Fiske Jones	1898–99
Richard F. O'Neil	1899–00	Ernest B. Young	1899–02
George S. Whiteside	1899–00	Louis W. Gilbert	1899–02
Henry J. Perry	1899–02	George S. C. Badger	1899–01
Henry F. R. Watts	1899–01	Seabury W. Allen	1899–01
Frederic R. Abbe	1899–02	William H. Robey, Jr.	1899–00
David H. Brough	1900–02	Ralph C. Larrabee	1900–01
Frederic D. Lyon	1900–06	John H. Blodgett	1900–03
William H. Davis	1901–05	William W. Duckering	1901–03
Lincoln Davis	1901–02	Marsena P. Smithwick	1901–02
Henry S. Warren	1901–04	Robert Bonney	1902–04
Charles S. Butler	1902–04	H. H. Colburn	1902–05
William R. P. Emerson	1902–05	Le Roi G. Crandon	1902–03
Richard G. Wadsworth	1902–03	Wilder Tileston	1902–03
F. W. Stetson	1902–05	David Blakeley	1903–04
Luther G. Paul	1903–06	Leo V. Friedman	1903–04
Frederick Winslow	1903–05	William J. Watson	1903–05
David D. Scannell	1904–07	Robert L. De Normandie	1904–07
David Cheever	1904–05	Elisha Flagg	1904–05
William T. Bailey	1904–05	Theodore C. Beebe	1904–05
Nathaniel R. Mason	1905–08	Howard H. Smith	1905–08
Edwin B. Nielson	1905–08	Henry M. Chase	1905–06
John W. Lane	1905–08	Alfred H. Gould	1905–07
Nathaniel K. Wood	1905–07	George O. Clark	1905–06
Guy E. Sanger	1906–09	James W. Sever	1906–07
Thomas J. Scanlan	1906–10	Horace K. Boutwell	1906–08
Patrick J. Fleming	1907–09	William L. Thompson	1907–09
Henry D. Lloyd	1907–10	John B. Hartwell	1907–08
George P. Sanborn	1907–09	Zabdiel B. Adams	1907–08
Charles L. Overlander	1908–11	Edward J. Cotter	1908–09
William P. Boardman	1908–11	Frederick L. Good	1908–09
Alonzo K. Paine	1908–10	Albert Ehrenfried	1908–10
Hilbert F. Day	1909–12	Edward J. Dailey	1908–11
Frank L. Richardson	1909–12	J. T. Williams	1909–11
Mark H. Wentworth	1910–13	Gaetano Praino	1910–12
Robert J. Kissock	1910–12	James B. Ayer	1910–11
Austin Brant	1910–12	George H. Scott	1910–13
Andrew T. Barstow	1911–12	Oliver G. Tinkham	1910–11
Hyman Morrison	1911–13	William J. Brown	1911–13
Wilfred G. Funnell	1912–12	George F. Miller	1912–13

District Physicians now on Service

Henry M. Chase, *Supervisor*

Domizio A. Costa
William L. Cowles
Harold Dana
Albert Evans
Joseph E. Hallisey
James J. Hepburn
Otto J. Herman
Delbert L. Jackson
James J. Lynch
Harry Olin
Cadis Phipps
Roy A. Sadler
Russell F. Sheldon
Raymond S. Titus

Frederic M. Turnbull

REPORT OF THE SUPERVISOR OF DISTRICT PHYSICIANS

In October, 1796, Dr John Fleet, a prominent practitioner, who was the first graduate of Harvard University to receive a medical degree, was appointed Physician of the Boston Dispensary, then just organized. Dr. Fleet was in fact *the* Medical Staff of the institution. He called on the sick poor in their homes; he treated at his office those who were able to walk thereto; he directed the dispensing of medicines from the official pharmacy of the Dispensary at 61 Cornhill,—a location which is now familiarly known as Thompson's Spa.

For a period of sixty years the Dispensary had no other medical officers than the District Physicians. It was in 1837 that Dr. Oliver Wendell Holmes, then one of eight District Physicians, recommended to the Board of Managers that the Dispensary should have a building to which cases could come for treatment. This plan, however, did not materialize until 1856. Then the growth of the work was such that, notwithstanding the fact that the number of District Physicians had been increased to ten men, the institution's service was subdivided into two broad divisions:

> First, the care of the sick poor in their homes by District Physicians, a part of the work which went on without interruption and needed only increase in the number of physicians to sixteen men to provide medical attendance for the 10,000 patients who are annually under our care to-day. I emphasize this because, in considering the many-sided constructive work which has developed under the name of the Boston Dispensary, our District Physicians are historically entitled to precedence.
>
> Second, the other subdivision of the institution's work, established in 1856, includes the clinics provided in the building at the corner of Bennet and Ash Streets, now visited by an average of about 400 patients daily. The Hospital for Children, the latest division of the work, is only three years old.

At the present time the work of the District Physicians is confined almost entirely to the care of persons who cannot afford to pay for a doctor and who are too sick to leave their homes and go to a clinic. This work offers one of the greatest opportunities for the study of clinical medicine at the bedside. Since the Dispensary was established, many of the most prominent men in our medical community have been District Physicians. The list on pages 9 and 10 is a notable one. It is inspiring to look through the names and associate their lives and their work for the advancement of medical knowledge with the historical organization of the Dispensary.

The city of Boston at the present time is divided, for the purposes of the Dispensary District Service, into sixteen sections: East Boston has two districts; Charlestown, two; South Boston, four; the central portion of the city, five; and Roxbury, three. For Dorchester, Brighton, and other outlying sections, no District Physicians have yet been provided, because the private physicians of the locality are believed to supply sufficient charitable service. The boundaries of the Districts are determined according to the congestion in the different areas and the living conditions of the people.

In each District there is selected a convenient place where calls for a physician will be received. At this call station a member of the family or an authorized person may leave a request for a District Physician to call at the sick person's home. These stations are open day and evening to receive calls. It must not escape notice that at each call station there is always some one interested in the people of the neighborhood and in the Dispensary, who lends

gratuitous assistance to the people unable to speak the English language or unable to write, and aids materially in the successful conduct of our work. The Dispensary is under many obligations to those who render this essential local co-operation.

The physician goes to the call station at nine o'clock each week-day, and takes all of the calls which have been recorded in a book kept for that purpose since nine o'clock on the morning of the previous day. He then calls upon the patients, makes thorough physical examinations, and gives medical directions to the family. The physician is thus required to call upon all of the new cases which appear on the book each day, and upon such of the old cases as, in his judgment, need a further visit. Records are carefully kept. At stated times during the day the physician can get into communication with the nurses of the District Nursing Association, acquaint them with the needs of the patients, and give directions for general or special nursing care. After the nurse has completed her work, if she finds any circumstances which should be communicated to the physician, she telephones to him at his office, and confers with him about the further care of the case. Doctor and nurse may thus work out the whole history of each family, including medical, social, and hygienic conditions. In fulfilling the various needs of their work, they come into co-operative communication with all kinds of help-giving agencies in the city. The opportunity afforded the physicians for clinical study in the homes of patients has practically no limit, save the amount of time which the physician is willing to give to such study. Families of all nationalities are seen in the District, and the physician may acquire broad experience in the observation of social conditions. Medically, a wide variety of acute diseases are seen.

Patients who can afford to pay for a private physician are, of course, not accepted for treatment.

The men who take the service of District Physicians are all required to be graduates of medical schools of standing, and must have served an internship in an approved hospital. Appointments are made for one year, renewable annually for a period of not more than three years. A moderate honorarium is paid. For the benefit of the District Physicians there is a system of medical and surgical consultation, so that a physician in any District can have the advice and assistance of a specialist at his request.

There are various organizations with which we have very close co-operation, and whose valued association has enlarged our scope of usefulness and aided in the detailed application of medical care in the homes. Most prominent among these is the Instructive District Nursing Association, established in 1886, originally for the very purpose of providing nursing service for the District Physicians of the Boston Dispensary. The help of the trained nurse to the physician, always valuable, is nowhere of greater service than in the homes of the poor. Under the wise guidance of the Association and the faithful application of the individual nurses, the influence and helpfulness of their work have reached in innumerable directions. Their skilled hands have led the sick through menacing ills, and their kindliness has endeared them to their patients.

In recent years a few important changes have been made in the Dispensary District Service. Beginning about ten years ago, a rule was strictly enforced that only patients too sick to leave their homes (except to go to the hospital) were to be treated by a District Physician. This had, in fact, been the tradi-

tional rule since 1856, but many ambulatory cases had been treated in their homes. Since 1902 all such patients, when unable to pay for a physician, have been required to go either to the Boston Dispensary Clinics or to some other reputable out-patient institution.

In former times, as those physicians who had a District Service years ago will remember, obstetrics was part of the work of the District Physician; but since 1904 an arrangement has been made with the Boston Lying-in Hospital whereby all patients requiring obstetrical care are referred to this hospital, whose efficient out-patient service is so widely known; while the hospital, in turn, refers to the Dispensary District Physician any poor patients coming to its attention who require general medical care in their homes. This arrangement has been of mutual advantage, although it is much to be regretted that the admirable service of the Boston Lying-in Hospital does not at present extend to the outlying sections of the city, so that East Boston, Charlestown, and a large part of Roxbury might profit by its benefits.

Within the last two years two very important improvements have been made: (1) A modern system of records has been established. Promptly after the physician's first visit to the patient, an index card is filed at the central office of the Dispensary, while a card for the medical record is retained by the physician and ultimately turned over to the Dispensary. Every physician renders a monthly report on a form which is provided him, so that the central administration is constantly in touch with all changes in the work.

(2) The establishment of an emergency service, a year and a half ago, met a need which we more and more recognize to be a real one. Until this time a sick person who was unable to pay for a physician could not secure (except by good fortune from a local physician) the services of any practitioner until the regular call hour of the Dispensary District Physician.

We now have an emergency service which is operative from eleven o'clock in the morning until six o'clock in the evening. It is restricted technically to the central parts of the city and to South Boston, and nominally excludes East Boston, Charlestown, and Roxbury; but, in practice, calls are not infrequently answered from these sections. This restriction as to locality is necessary because of lack of funds for extending the service.

It is highly desirable that, in the near future, provision should be made for meeting emergency calls at all hours and in any section of the city. Pathetic appeals are constantly made by families suddenly stricken with illness, who, like all the poor of the city, know about these District Physicians and who turn to us for aid. The illness which alarms the family may be a condition of hemorrhage, which cannot wait without danger to life; it may be sudden partial or extensive paralysis in an old person, who has perhaps only the casual acquaintances of a lodging-house to turn to for assistance. Fright or superstition sometimes accounts for an emergency call from a bewildered family, but far more often the need is real. Not infrequently the District Physician is called because of the sudden onset of dangerous infectious disease for which the prompt alleviation of pain is paralleled in importance by the necessity of control of hygienic conditions affecting large numbers in a crowded household. Promptness in this service means physical and mental comfort to the needy, protection to our community from the disaster of physical impairment, and economy to the individual and to the city.

HENRY M. CHASE, M.D.

DISPENSARY NOTES

A Correction.—In the January issue of the *Quarterly* the report of the Physician in Charge of the Hospital for Children referred to the special effort which we have made to care for cases of congenital syphilis, and made the additional statement that "such cases are admitted to no other hospital in Boston." We have since learned that this statement was not correct, as the 1912 report of the Massachusetts General Hospital, which has since come to hand, shows that twelve cases of congenital syphilis were admitted that year to the wards. We are very glad to publish this correction.

Evening Eye Clinic.—The extension of the Eye Department into an evening service has been approved by the Executive Committee of the Staff and the Board of Managers, and after April 29 this Clinic is to be in operation on Tuesday evenings, beginning at 7.30 o'clock.

It has been determined to establish this clinic on a self-supporting basis, the medical service being compensated. The special aim is to meet the need of those persons who cannot afford an oculist's regular fee, who are willing and able to pay something for skilled eye service, but who cannot leave their work in the daytime without material loss. The fees charged patients will be $1 for the first visit, and $0.50 for later visits. Glasses will be provided according to the same plan as in the morning Clinic. Special arrangements are to be made to meet the needs of those persons who can neither afford to pay anything nor to leave their work in the daytime.

Enlargement of Nurses' Home.—In June of this year the Dispensary will add the house at No. 2 Jefferson Place to its Nurses' Home. The Dispensary has long owned the four adjoining houses on Jefferson Place, but has utilized only two of them. The present quarters are very much overcrowded, and the addition of the third house will add greatly to the comfort of our resident staff.

New Fee System.—On March 1 the Dispensary changed its system of admission fees. New patients (adults) are now charged 25 cents at the first visit (children being admitted for 10 cents as heretofore) and 10 cents at each succeeding visit in all clinics instead of only in the surgical Clinics, as previously. This system was put into effect at the same time at the Massachusetts General Hospital, after conference between representatives of the two institutions.

Growth of Clinics.—During the quarter closing March 31, 30,624 visits were paid at the Dispensary clinics. The number for the corresponding quarter of last year was 26,205, an increase of 4,419, or of more than 17 per cent. The number of new patients showed a slight increase, being 8,252 as compared with 8,149 for the corresponding quarter of 1912.

STATISTICS OF BOSTON DISPENSARY CLINICS

For the Calendar Year 1912

Clinic	New Patients, 1912					Visits		Visits per Patient	
	Men	Women	Children	Total	Increase or Decrease compared with 1911 *	Number made during 1912	Increase or Decrease compared with 1911 *	1911	1912
Men's Medical	1,822	—	—	1,822	*229*	4,891	583	2.1	2.6
Women's Medical	—	2,333	—	2,333	*576*	8,814	271	2.5	3.7
Children's Medical	—	—	3,676	3,676	778	14,265	5,912	2.9	3.9
Surgical	1,630	961	718	3,309	30	11,136	*1,248*	3.7	3.3
Throat	843	787	1,515	3,145	*113*	7,607	*972*	2.6	2.4
Eye	767	1,128	1,197	3,092	211	10,143	2,788	2.5	3.2
Dental	396	461	2,582	3,439	831	5,132	1,228	1.4	1.4
Genito-urinary	1,562	—	3	1,565	272	10,499	1,957	6.5	6.7
Gynæcological	—	1,305	44	1,349	214	7,779	890	5.9	5.7
Ear	304	382	585	1,271	*62*	6,014	440	4 1	4.6
Orthopedic	135	529	422	1,086	126	3,281	1,022	2.3	3.0
Rectal	154	85	23	262	15	1,021	236	2.1	3.8
Dermatological	1,146	892	832	2,870	105	10,286	1,098	3.3	3.5
Tuberculosis	560	658	200	1,418	395	3,385	822	2.5	2.4
Nerve	129	235	74	438	*146*	2,297	*465*	4.0	5.2
Mental	75	104	48	227	76	1,186	553	4.1	5.2
Electrical	36	48	4	88	*85*	985	*374*	7.7	11.1
Massage	22	47	10	79	*94*	733	306	2.4	9.2
X-ray	304	259	297	860	233	916	261	1.1	1.1
Total	**9,885**	**10,214**	**12,230**	**32,329**	**1,981** Increase	**110,370**	**15,308** Increase	**3.1**	**3.4**

Prescriptions issued by Pharmacy for Clinic Patients, 90,065.

* Italics denote Decrease.

STATISTICS OF BOSTON DISPENSARY DISTRICTS

Patients treated in their Homes, 1912

Sections of the City	Dispensary District designated by Number	Number of Patients treated				Number of Visits paid by Physicians	Location of Call Stations
		Men	Women	Children	Total		
North End	5	108	198	302	608	787	North Bennet Street Industrial School.
West End	6	106	293	290	689	1,506	Elizabeth Peabody House, Charles St.
South End	7, 12, 13	362	741	805	1,908	3,319	Boston Dispensary, 25 Bennet St. South Bay Union, 640 Harrison Ave.
South Boston	8, 9, 10, 11	427	732	1,234	2,393	4,194	Curtis' Drug Store, 373 Broadway.
East Boston	1 and 2	101	271	574	946	1,569	Woodbury's Drug Store, Maverick Sq. Clark & Mahoney's Drug Store, Day Sq.
Roxbury	14, 15, 16	266	689	975	1,930	4,833	Favour's Drug Store, 2121 Washington St. Burnham's Drug Store, 459 Dudley St. Joyce's Drug Store, 1212 Columbus Ave.
Charlestown	3 and 4	139	367	514	1,020	2,516	Howard Manufacturing Co., 97 Monument St. Bunker Hill Boys' Club, 10 Wood St.
		1,509	3,291	4,694	9,494	18,724	Visits per patient, 1.97

Prescriptions issued by Pharmacy for District Patients, 7,552.

Emergency Calls answered during the year, 153.

Boston in 1796

One District Physician

Provided by the

Boston Dispensary

20,000 Population

80 Patients Treated that First Year

One Patient for Every 250 of Population

* *Boston Dispensary*

A CITY-WIDE SERVICE TO THE SICK POOR IN THEIR HOMES DAILY FOR 116 YEARS

Boston in 1913

16 District

Physicians

Provided by the

Boston Dispensary

700,000 Population

9,494 Patients Treated (1912)

One Patient for Every 74 of Population

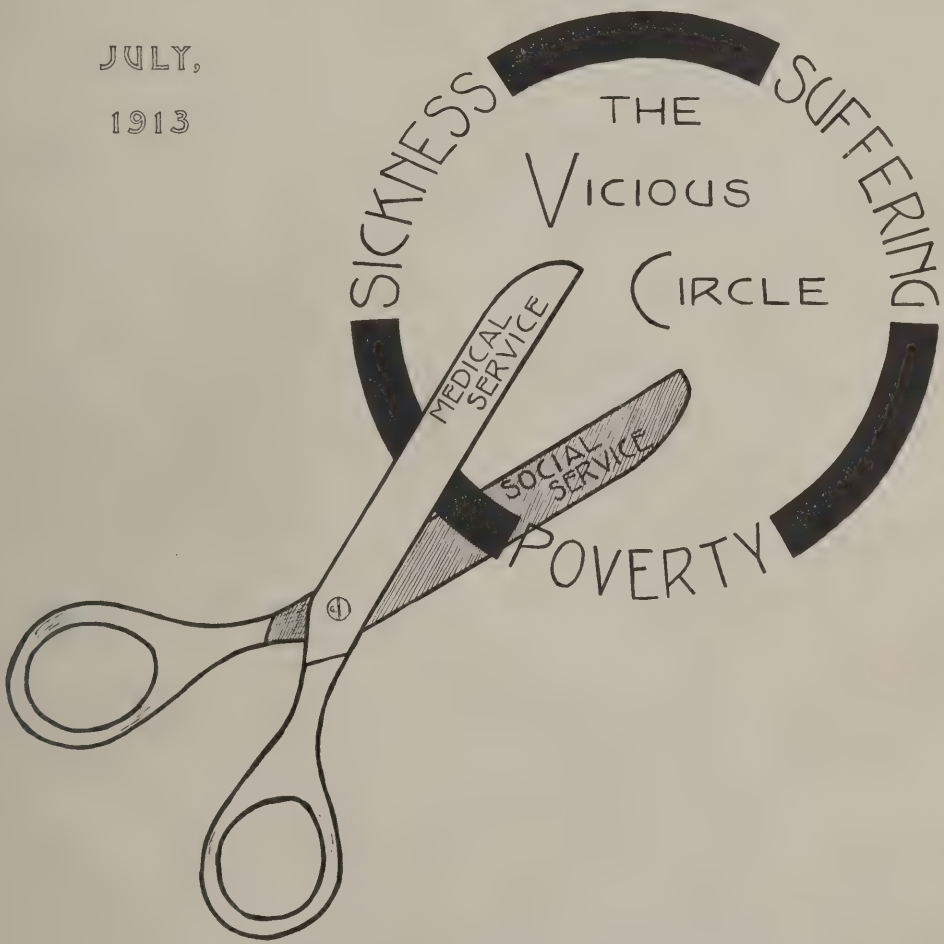
* *Boston Dispensary*

▲ *Call Stations*

VOL. I NO. 4

THE BOSTON DISPENSARY QUARTERLY

JULY, 1913



MIDSUMMER NUMBER

BOSTON DISPENSARY

The *Boston Dispensary Quarterly* is issued four times a year by the Boston Dispensary as a Report to the public of its work.

Contents of this Number

These rules are collected in this issue of the Quarterly for the guidance of patients and for individuals and charitable associations interested in using the Dispensary for the benefit of poor persons requiring medical care.

Contents of Previous Numbers

Any number will be sent on request to the Dispensary office, 25 Bennet Street, Boston.

MEDICAL STAFF

JULY, 1913

Grouped by Clinical Departments

GENERAL MEDICAL

Physicians

THOMAS M. ROTCH, M.D. } *Emeritus*
HAROLD WILLIAMS, M.D. }
WILLIAM E. FAY, M.D., *Consultant*
HARRY W. GOODALL, M.D.
NATHANIEL K. WOOD, M.D.

Assistant Physicians

HORACE K. BOUTWELL, M.D.
GEORGE A. MCEVOY, M.D.
ISAAC GERBER, M.D.

Assistants to the Physicians

A. E. AUSTIN, M.D.
PAUL K. SELLEW, M.D.

DISEASES OF CHILDREN

Physician

ARTHUR A. HOWARD, M.D.*

Assistant Physicians

WILLIAM R. P. EMERSON, M.D.
ELMER W. BARRON, M.D.
THEODORE W. ELY, M.D.

Assistants to the Physicians

W. W. BARKER, M.D.
A. D. MCLENNAN, M.D.
GRACE A. JORDAN, M.D.
H. T. HANDY, M.D.

DISEASES OF THE SKIN

Physicians

ABNER POST, M.D.
J. S. HOWE, M.D.

Assistant Physicians

C. MORTON SMITH, M.D.
J. H. BUFFORD, M.D.

NERVE DISEASES

Physician

WILLIAM R. WOODBURY, M.D.

Assistant Physicians

CARLISLE REED, M.D.
JAMES K. WARDWELL, M.D.
CHARLES C. CARROLL, M.D.

GENERAL SURGICAL

Surgeons

FREDERICK M. BRIGGS, *Consultant*
BENJAMIN TENNEY, M.D.
JOHN HOMANS, M.D.

Assistant Surgeons

WILLIAM P. COUES, M.D.
ROBERT H. VOSE, M.D.
HENRY M. CHASE, M.D.
HENRY D. LLOYD, M.D.

Assistant to the Surgeons

HILBERT F. DAY, M.D.

GENITO-URINARY DISEASES

Surgeons

GARDNER W. ALLEN, M.D., *Consultant*
ARTHUR L. CHUTE, M.D.
PAUL THORNDIKE, M.D.

Assistant Surgeons

HENRY J. PERRY, M.D.
ARTHUR H. CROSBIE, M.D.

Assistant to the Surgeons

EDWARD PHILIP LASKEY, M.D.

DISEASES OF WOMEN

Surgeons

MALCOLM STORER, M.D.
CHARLES H. HARE, M.D.
EDWARD L. TWOMBLY, M.D.
WILLIAM H. GRANT, M.D.

Assistant Surgeons

EUGENE E. EVERETT, M.D.
HERBERT S. GAY, M.D.
ALONZO K. PAINE, M. D.

Assistants to the Surgeons

ROBERT L. DE NORMANDIE, M.D.
FRANK A. PEMBERTON, M.D.
JOHN B. SWIFT, Jr., M.D.

ORTHOPEDIC

Surgeons

CALVIN G. PAGE, M.D.
JOHN D. ADAMS, M.D.

* Beginning service September 1, in place of Dr. William Palmer Lucas, resigned. The Physician-in-Chief for the Department for Diseases of Children is *ex-officio* Medical Chief of the Hospital for Children.

TUBERCULOSIS

Physicians

Edward O. Otis, M.D.
Henry F. R. Watts, M.D.
E. A. Burnham, M.D.
Charles A. Riley, M.D.

Assistant Physicians

Bradford Kent, M.D.
Richard H. Houghton, M.D.
H. A. Donnell, M.D.

Assistant to the Physicians

James J. Lynch, M.D.

MENTAL DISEASES

Physicians

Arthur C. Jelly, M.D.
L. Vernon Briggs, M.D.
L. A. Roberts, M.D.
Earle E. Bessey, M.D.
Charles B. Sullivan, M.D.

ELECTRICAL AND X-RAY

Physicians

Francis B. Granger, M.D., *Consultant*
Frank A. Davis, M.D.

Assistant Physician

Robert Bonney, M.D.

Assistant to the Physicians

John Duff, M.D.

MASSAGE

Miss Agnes J. Kerr
Miss Anna L. Basford

PATHOLOGICAL LABORATORY

Sarah E. Coppinger, M.D.

DISEASES OF THE NOSE AND THROAT

Surgeons

John W. Farlow, *Consultant*
Frederick C. Cobb, M.D.
William S. Boardman, M.D.
William E. Chenery, M.D.
Harry A. Barnes, M.D.

Assistants to the Surgeons

David A. Hefferman, M.D.
Earl E. Tilton, M.D.

DISEASES OF THE EAR

Surgeons

Edward R. Newton, M.D.
Harry J. Inglis, M.D.

Assistant Surgeons

Louis Arkin, M.D.
J. P. Lewis, M.D.

Assistant to the Surgeons

Paul J. D. Haley, M.D.

DISEASES OF THE EYE

Surgeon

Edward Hartshorn, M.D.

Assistant Surgeon

P. S. McAdams, M.D.

Assistant to the Surgeons

W. G. Funnell, M.D.

RECTAL DISEASES

Surgeons

Frank P. Williams, M.D.
T. Chittendon Hill, M.D.

DENTAL

E. V. Bulger, D.D.S.

DISTRICT PHYSICIANS

Henry M. Chase, M.D., *Supervisor*

D. A. Costa, M.D.
William L. Cowles, M.D.
Harold Dana, M.D.
Albert Evans, M.D.
J. E. Hallisey, M.D.
J. J. Hepburn, M.D.
O. J. Hermann, M.D.
D. L. Jackson, M.D.
J. J. Lynch, M.D.
Harry Olin, M.D.
Cadis Phipps, M.D.
R. A. Sadler, M.D.
R. E. Sheldon, M.D.
R. S. Titus, M.D.
F. M. Turnbull, M.D.

WHAT IS A DISPENSARY?

In the year 1696 the first dispensary for the medical treatment of the sick poor was established in the city of London. The College of Physicians of the English metropolis had voted in 1687 that all members of the profession should give their services to the poor without charge, and they transmitted this resolution in due form to the Lord Mayor and Aldermen. Unfortunately for these charitable aims, the pharmacists of London were organized as a guild, the so-called Apothecaries' Hall; and the prices of prescriptions were beyond the reach of those of small means. Although the College of Physicians urged that some concessions be made, Apothecaries' Hall would enter into no arrangement. Re-acting, therefore, with a fervor worthy of the anti-monopoly movement of to-day, the College of Physicians established its own Dispensary. Fifty leading members, on December 22d, 1696, signed an agreement to pay ten pounds apiece to Dr. Thomas Burwell, one of their number, which sum Dr. Burwell was to use for medicines for the poor. Thereupon the Dispensary was opened in the College building itself, under the management of the physicians who had contributed.

The First Dispensary 1696

No less than 20,000 prescriptions were given out by the Dispensary during the first five years of its existence. Members of the College complained, about 1700, that the public talked more about the medicines provided by this charity than about the services which the leading doctors of London gave gratis to the poor! Difficulties were also encountered in deciding who were the "poor." At first the physicians ruled that each patient would have "to bring a certificate from the clergyman officiating in the parish." The Aldermen thinking this restriction rather severe, it was later agreed to accept a certificate signed by "any church warden or overseer of the poor," and also that "hired servants and all apprentices to handicraftsmen" should be likewise acceptable at the Dispensary.

Exactly a hundred years after this date, lacking three months, seventy-eight citizens of Boston subscribed their names and their money to the agreement establishing the Boston Dispensary. The parchment hangs to-day in the office of the institution. In Philadelphia a dispensary was established in 1786, and one in New York in 1790.

The Boston Dispensary 1796

In one hundred and seventeen years Boston has grown from a town of 20,000 population to a great city. Its economic and social problems are those

of a modern metropolis; and the Boston Dispensary has advanced from the doling of medicines and the visitation of a few hundred sick people a year in their homes, to the annual treatment of 40,000 patients, in the effort not only to relieve suffering and disease, but to prevent their existence and to promote the health of the community as a whole.

While the Dispensary now has a Hospital and maintains its original service of treating the sick poor in their homes throughout the city, the largest and most significant parts of its work to-day are the out-patient clinics. Everybody understands what a hospital is; but the nature and working of out-patient clinics are so much less known that some word about their growing public importance is desirable.

What an Out-patient Clinic is

When a person who is in comfortable circumstances becomes ill, his doctor will call to see him at his home. If he is not too ill to venture from the house, he will go to see the doctor at the latter's office. An out-patient department or dispensary might be described as an organized system of office hours, at which poor people can call to see a doctor without charge. The earlier acts of the drama of disease are thus those more usually seen at an out-patient clinic, whereas the hospital beds more usually witness disease at its dramatic climax. The special field of the out-patient department or dispensary includes of course the minor surgical accidents; but besides these, and in great number, come the incipient cases of illness; the chronic diseases which daily wear upon the efficiency of the workingman or the burdened mother; the minor illnesses which will become progressively more serious if neglected; the developmental defects of childhood whose correction is cheap and easy if taken in time, but expensive or perhaps impossible if deferred. Acute and serious sickness also appears in the out-patient clinic, calling often for reference of the patient to a hospital or to the care of a physician in bed at home.

Treatment by Specialists

The wonderful advances of medicine in recent times have created a host of specialists. A large proportion of human ills are now regarded as subjects for treatment by specialists,—the oculist, the laryngologist, the gynæcologist, the pediatrician, the psychiatrist, the surgeon of any of a half dozen special branches. Special treatment on a paid basis by these experts is, however, beyond the reach of most persons except the well-to-do. The out-patient department or dispensary (the two words may be used indiscriminately as far as the kind of medical service is concerned) may, if properly organized, give the services of specialists to classes of the population which would otherwise be deprived of such help. Thus such institutions meet an increasing need of the community.

Prevention of Disease

Present-day medicine emphasizes the importance and the economy of preventing disease, instead of delaying until it has to be cured at greater cost of money and suffering. Therefore to the eye of modern medicine out-patient clinics are of growing importance, because to them come the incipient and minor disturbances of health which people of small means would not take to a hospital and could not take to a private physician. Thus because it can provide adequate medical treatment by specialists and because it can aid in preventing disease and promoting public health, the out-patient clinic or dispensary is certain to play much a larger part in the future than it has in the past.

Fully 3,000,000 persons in the United States (nearly all in the larger cities) are now receiving treatment annually in out-patient departments and dispensaries. The development of these institutions has been comparatively recent, and they have been called but little to the attention of the public. The application of modern methods of organization and of efficiency tests which indicate weak points and establish standards of service are but just beginning to be made. The numbers treated are growing every year; the importance of higher standards of work is more and more manifest; the opportunity to promote public health by elevating these standards is equally apparent.

Public Support must follow Public Service

There is no more ground for the medical profession to fear the encroachment of dispensaries upon private practice than there was for workingmen a century ago to fear displacement of labor by the introduction of machinery. Progress creates more opportunities than it destroys.

No social movement to-day is attracting more interest than that to promote public health. The general public is bound to recognize the important contribution which the out-patient department or dispensary can render in Health Service to the people, and the moral and financial support will be forthcoming to uphold the efforts of the physicians and laymen who are striving to make this engine of public service a more efficient machine.

MICHAEL M. DAVIS, JR.

MAKING PEOPLE STRAIGHT

To the Orthopedic Clinic of the Boston Dispensary there came last year 1,086 men, women, and children. Such a clinic exists for relieving deformities of the feet, bones, and joints. Children whose little legs bow from rickets, old men with stiffened and painful joints, women incapacitated from flat-foot, people with deformed shoulders, misshapen feet, diseased hips, semi-paralyzed limbs,—a sad throng it is that comes to the doors on the third floor of the big building on Bennet Street.

To middle-aged and old persons much help, and even cure, can be given. A large number of cases classified under the popular diagnosis of rheumatism have presented some perplexing problems. This disease is really an infection, and enters the body through some channel such as the tonsils, the digestive tract, or the reproductive system, the seat of actual disturbance usually being the joints. Baking in electric bakers and treatment by vaccines have given considerable relief to many sufferers. The common deformity of flat-foot may often produce most serious symptoms, and totally incapacitate the head of a large family. The application of steel plates, made for each individual patient, provides a remedy in most cases. Patients pay the cost of the plates when possible, and a system of payments by instalments has been arranged which has proved most successful. Patients prefer to meet the expense of such apparatus, and payment at the rate of 25 cents a week makes it easy for many to do so.

For the children—of whom no less than 422 were included in the clinic—it is possible to do more constructive work, because many defects and deformities which in older people can be palliated, but not cured, are brought by children to the clinic in early and curable forms.

Tuberculosis, invading the bones and joints, is the cause of a large number of the deformities seen in the Department. Recent advances in medicine have made operative procedure possible in these cases, and during the year several children have been cured of deformities due to bone tuberculosis by the transplanting of healthy bone into the diseased area, this bone splint preventing extension of the disease and further deformity. While this operation is not a simple one, it saves the patient from wearing, for an extended period, a cumbersome plaster jacket or a brace.

The Clinic's work has been much assisted by the Dispensary's new Hospital for Children. Although but few beds have been available for orthopedic cases, they have been used to the full, and have made it possible to benefit a number of children, who, without the Hospital, could not have been helped.

The inspection of children in the Public Schools by physicians provided by the city reveals a host of physical defects which, when the families are too poor to pay a private physician, must be cared for by medical charities. A considerable proportion of the children brought to the Orthopedic Department came as the result of medical school inspection: many were brought to the Clinic by the School Nurses.

A particularly large and important group of children are those with round shoulders or slightly curved or deformed spines. These defects may be due to a habit which the child has gotten into of sitting or standing in bad position; but the cause of such habits is very often in some disease or in improper seating

or lighting in school-rooms. To cure these children and to prevent the children's bones and muscles from becoming incurably set in a deformity means persistent education, begun while the body structure is yet plastic.

The class in Corrective Gymnastics is the modern method of cure by an educational process which not only remedies defects, but trains the child so that he will not let the habit return. Furthermore, a child suffering from the effects of infantile paralysis may have his muscles so strengthened by appropriate exercises that the necessary surgical operation will yield much better results. Classes in Corrective Gymnastics have become frequent in Orthopedic Hospitals, and the rapid growth of the Dispensary Orthopedic

What Eight Months of Corrective Gymnastics did for One Girl with a Crooked Body.

Eight months ago Jennie B. *had to stand like this:* shoulders rounded, hips uneven, spine curved and twisted, a hunchback in the making.

This is the Jennie B. of to-day, after a winter and spring of regular gymnastic exercise. She need not be a misshapen woman.

Clinic (13% increase over 1911) has made both the Staff of the Department and the Management of the Dispensary feel that the establishment of a gymnasium class would meet a very real need of many children. As the result of this conviction and through the helpful co-operation of Miss Rosamond Bradley, a member of the Ladies' Advisory Committee of the Dispensary, it was made possible to start the class, in October, 1912, with a trained teacher of Corrective Gymnastics in charge. The class met three times weekly, and over thirty children pursued the work systematically during the year.

Three Illustrations

Jennie B., for instance, is ten years old. Her mother, who brought her to the Dispensary last November, was very much troubled about the child's condition. One of the girl's shoulders was lower than the other; one hip larger than the other. Anxious as the mother was, she was ignorant of how really serious the conditions were. Clinical examination disclosed a bad total curvature of the spine, with marked rotation of the vertebræ. The conditions were decidedly resistant to correction.

Jennie was put into the Gymnasium Class, and attended faithfully throughout the winter and spring. Besides her work at the Gymnasium, she exercised, so she says, daily at home. Now, through the education she has received and the control of her muscles and their strengthening by the exercises, she is able to hold her spine in a practically straight line, thus evening up her shoulders and hips, through her own muscular efforts. The once prominent shoulder blades now slip out of sight, as they should. If Jennie continues to exercise and to strengthen her muscles, there is no reason why she should not become a physically straight young woman.

A tiny bit of a girl is Estelle D., six years old, whose mother brought her to the Dispensary because her shoulders were round and the shoulder-blades "stuck out." She had been examined in the Orthopedic Clinic in April, 1912, and up to the time gymnastic work was started last fall had been treated with plaster jackets, which had brought improvement. In November the cumbersome jackets were discarded, and she was put at class work in the Gymnasium. To-day this little girl, who a year ago was curved of back and bent of shoulder, like an old woman, with a hunch-back in prospect, can stand erect, square her shoulders until they crease her back, and hold her head erect over a straight spine.

When John P., an eight-year-old lad, came to the Dispensary on March 19, 1912, his right arm "hung dead," to use his mother's words. He could not raise his right arm without the aid of his left. This was due to obstetrical paralysis of the right shoulder. The boy was dull, listless, and melancholy and kept away from other boys because he could not enter vigorously into their play. An operation on John was considered, but before it was performed it was decided to put the boy into the Gymnasium Class and attempt to develop the shoulder muscles. When the Class ended for the summer, John could jump up to a trapeze, grasp the bar with both hands, and then swing his body while clinging *with the right hand only*. The average person would not know to-day, from watching John, that his right arm had ever been useless. Not only is the arm vitalized, but the boy's whole attitude is different. He is a more wide-awake youngster, interested in boys' doings in a boy's normal way.

Such are three cases out of thirty. The past year's work with the Gymnasium Class has been tentative. The apparatus used is largely of the home-made variety, because of lack of funds. The same limitation made it impossible to take a series of X-ray photographs of the children during the year,—a method which, better than any other, tells the story of their improvement in a language that both the physician and the layman can understand. When it is considered that, with the expenditure of not more than three hundred dollars it is possible to save more than a score of children from future deformity and at least partial incapacity, and to secure for them probable health and ability for a normal, self-supporting life, the value of such work to the community is apparent. In this, as in other fields, modern medical science can demonstrate that prevention pays. The support of crippled children or adults by their families or in institutions is enormously more expensive than the removal of the physical defect, if that is taken in time. Is there any kind of service for which both humanity and economy make a stronger appeal?

JOHN D. ADAMS, M.D.

DISPENSARY NOTES

Patients Treated.—During the quarter closing June 30th 28,602 *visits* were paid at the Dispensary, 7,797 clinic *patients* being recorded. The number of visits for the corresponding quarter of last year was 27,917. The District Physicians treated 1,897 patients in their homes, paying them a total of 3,980 visits. 78 children were cared for in the Hospital.

The Evening Eye Clinic, the opening of which on April 29th was reported in the last *Quarterly*, has continued successfully. Beginning with one night a week, it is now running on Tuesday and Friday evenings. As previously announced, it is on a self-supporting basis, the medical service being compensated. The class of patients are just those whom it was hoped to reach, those who are desirous of paying something, but who have not the means to go to a skilled oculist. A certain number have come to us who could not leave their work during the morning and who could not afford to pay any fee, and such patients have been taken without charge.

Hospital Cases.—Since the opening of the new Peter Bent Brigham Hospital, about the beginning of the last quarter, there has been in effect an affiliation between the Medical and Surgical Clinics of the Dispensary and the Medical and Surgical Services, respectively, of the Hospital. The arrangement has already proved an advantage to the patients of the Dispensary, as well as to the medical men concerned. Fifty-seven patients have been sent to the Brigham Hospital from the Medical Clinic and 24 from the Surgical Clinic. This is about four times as many hospital cases as have been sent from the Clinic during any previous period of similar length. Thus a large number of men and women needing hospital care, which the Dispensary Clinics are not themselves able to afford, are now able to secure it through the new Hospital,—patients of the Dispensary who are fitly characterized by the expression in the deed of gift of the Hospital's founder, "the sick poor of Suffolk County."

Use of Tuberculin in the Children's Clinic.—(Memorandum contributed by Dr. Harry T. Handy, Assistant to the Physicians in the Department):—

Tuberculin has been used in the Children's Medical Department in the treatment of tubercular conditions of the eyes, glands, and bones, for the past year and a half. In all 137 cases of the various forms of tuberculosis have been treated, the larger number of cases being keratitis and conjunctivitis.

These cases have been under treatment for varying lengths of time, from a few weeks to over a year. Each case has had a Von Pirquet test, and practically all have given positive reactions. All have had X-rays of the chest for bronchial glands.

In all the cases there has been some general and local improvement, but as yet insufficient time has elapsed to enable us to draw any definite conclusions.

The work was undertaken primarily as a prophylactic against recurrences of the diseased conditions mentioned above, and in a further report we hope to give results. This is merely a preliminary statement.—*H. T. Handy, M.D.*

WHAT THE BOSTON DISPENSARY IS

The Boston Dispensary was established in 1796 and incorporated in 1801, to provide medical service for the sick poor.

It is a private charity, and receives no financial support from the City or the State. For the maintenance of its work it depends on charitable subscriptions. The income from its invested funds and from the nominal fees charged those patients who can pay them reach about $50,000 a year. The expense of the work is $75,000. For the remainder—$25,000—it annually appeals to the public.

The aim of the Boston Dispensary is the efficient treatment of its patients in the endeavor to relieve sickness and suffering, to prevent the recurrence of disease, and to promote the public health.

Divisions of the Work.

Medical examination and treatment at the Dispensary building, to which 110,000 visits were paid by over 30,000 patients last year. The Medical Staff, appointed by the Board of Managers, give their services without compensation.

Treatment of bed cases at home, by District Physicians. They cared for over 9,000 patients during 1912.

A Hospital for Children, with twenty-five beds, for babies and children up to fifteen years of age.

A Pharmacy for furnishing medicines: 97,617 prescriptions were dispensed last year.

A Laboratory, for assistance in Clinical Diagnosis.

A Social Service Department, provided for the assistance of the Medical Staff in humanitarian and preventive service.

Visiting Nursing, a necessity in the home treatment of the poor, provided for the patients of our District Physicians through the co-operation of the Instructive District Nursing Association.

Educational work: the teaching of students of the Harvard Medical School and of the Tufts Medical School; the training, in our Hospital for Children, of nurses in pediatric work; the training of students in the new profession of Medical-Social Service, through affiliation with the Boston School for Social Workers.

The study of standards and methods of dispensary service; the publication of reports and articles.

I. TREATMENT AT THE DISPENSARY

Hours and Rules of the Out-Patient Clinics

The clinics of the Boston Dispensary are all located in its building, 25 Bennet Street, corner of Ash Street.

Hours for admission of patients: 9 A.M. to 11 A.M. daily, except Sundays and legal holidays.*

The *Pharmacy* is open for the dispensing of medicines every day in the year, on week-days from 9 A.M. to 5 P.M.; on Sundays and holidays from 9 to 10 A.M.

Clinical Departments

Open daily

Men's Medical	Men's Surgical	Nose and Throat
Women's Medical	Women's Surgical	Ear
Children's Medical†	Genito-Urinary	Eye
Dermatological	Gynæcological	Dental
Tuberculosis		X-ray

Open three times a week

Monday, Wednesday, Friday: Mental, Rectal, and Massage.

Tuesday, Thursday, Saturday: Orthopedic, Nerve, Electrotherapeutics.

Fees: At the first visit 25 cents for adults and 10 cents for children fifteen years of age or under; at later visits 10 cents per visit for all.

Medicines: 10 cents for most prescriptions; for prescriptions which are especially expensive, 20 cents, or in a few instances somewhat more. To patients of the District Physicians coming from distant parts of the city, there is a uniform rate of 10 cents. Bottles are 5 cents, but may be furnished by patients.

For *operations* involving anæsthetics, for X-ray plates, etc., special fees are charged.

Fees are remitted whenever a patient is unable to pay. No person is turned away because of lack of money.

Social Service Department

For the purpose of assisting the physicians and surgeons of the Dispensary in the efficient treatment of their patients, the Dispensary provides a Social Service Department.

Through co-operation with the Boston School for Social Workers, students are given regular training during the academic year in medical social service. Application for this training may be made to the Department or to the Boston School for Social Workers, 18 Somerset Street.

The Department serves as a means of co-operation between the Dispensary and other charitable agencies. Social workers in such societies, desiring information as to how the Dispensary can assist them in the medical problems of their beneficiaries, may communicate with the Head Worker of the Department during her regular office hours, 9 A.M. to 1 P.M. (Telephone, Oxford 4280).

* *Evening Eye Clinic for Eye Diseases:* Tuesdays and Fridays, 7.30 P.M. This clinic is designed to be self-supporting. Fees, $1.00 for first visit, 50 cents per visit thereafter.

† *Vaccinations* are not performed in this clinic on Saturdays.

II. MEDICAL CARE FOR THE POOR IN THEIR HOMES

Rules Concerning District Physicians of Boston Dispensary

1. Regular Daily Service

The sixteen District Physicians of the Boston Dispensary are in the field to give medical care to sick persons who cannot afford to pay a physician, and who know no physician from whom they can expect gratuitous care.

Only patients too sick to leave their homes are treated by the District Physicians.

The City of Boston (excepting Brighton and Dorchester) is divided into sixteen districts, to each of which a physician is assigned.

In each district is a call station, where the names of persons requiring a District Physician may be left in a book provided for the purpose. The list of call stations is printed below.

Requests for a District Physician may be left at the call station during the day or evening, at any time when the station is open.

The desire and request for the District Physician must come from the patient or the patient's family.

The District Physician takes the requests for his services each day, including holidays, but *not* Sunday, at or soon after nine o'clock A.M., and, as a rule, makes his calls immediately. All requests arriving at the call station after nine o'clock A.M., on any day, are responded to on the following morning (except Sunday).

List of Call Stations

East Boston	District 1: *Woodbury's Drug Store,* Maverick Square.
	District 2: *Clark and Mahoney's Drug Store,* Day Square.
Charlestown	District 3: *Howard Manufacturing Co.,* 97 Monument Square.
	District 4: *Bunker Hill Boys' Club,* 10 Wood Street.
North End . .	District 5: *North Bennet Street Industrial School,* 39 North Bennet Street.
West End . .	District 6: *Elizabeth Peabody House,* Charles Street.
South End .	District 7 and 12: *Boston Dispensary,* 25 Bennet Street.
	District 13: *South Bay Union,* 640 Harrison Avenue.
South Boston	Districts 8, 9, 10, 11: *Flynn's Drug Store,* 373 Broadway.
Roxbury . .	District 14: *Favour's Drug Store,* 2121 Washington Street.
	District 15: *Burnham's Drug Store,* 459 Dudley Street.
	District 16: *Joyce's Drug Store,* 1145 Columbus Avenue.

2. Emergency Service

The Boston Dispensary maintains an Emergency Service to the homes of the sick poor, to the extent that its present means permit, as follows:—

All parts of Boston, except East Boston, Charlestown, Roxbury, Dorchester, and Brighton. Hours, 11 A.M. to 5.30 P.M.

To secure an emergency physician, telephone Oxford 4280. Give important details of the situation of the sick person, expect that you will be questioned as to the features of the case, in order that it may be determined whether there is a real emergency. If the call is believed to be an emergency, you will be so informed, and the physician will be sent at the earliest possible moment.

Special Notices to Nurses and Social Workers

An acute attack in the case of a patient who is already under the care of a District Physician does not constitute an emergency in the above sense. Instead, therefore, of calling up the Dispensary, the nurse or other person finding an acute condition in a patient who is already under a District Physician's care should communicate directly by telephone with the physician in charge of the case.

If a person interested in a poor family feels that medical attendance at home is necessary, he will first please ascertain if the sick person has a family physician whom the patient or family can pay for his services, or who they think will be willing to give his services without remuneration.

If neither of the above conditions exists, it is essential that the patient or the patient's family desire that a District Physician be called, and request his services. No person is to take the liberty to call in a District Physician unless it is expressly desired by the patient or by a member of the patient's family.

Visiting Nursing

The Instructive District Nursing Association (established in 1886) provides the District Physicians of the Boston Dispensary with nursing service. The headquarters of this Association is at 561 Massachusetts Avenue: one of their branch offices is in the Dispensary building.

III. THE HOSPITAL FOR CHILDREN

The Hospital is designed primarily for medical cases, but a few surgical cases are taken. The Chief of the Children's Out-patient Department is *ex officio* Chief of the medical service of the Hospital. Surgical cases are in charge of the Chief of the Department of the Dispensary through which the patient is admitted. There is a resident House Officer. Through affiliation with other hospitals, a certain number of pupil nurses are received for training. There is capacity for thirty beds, of which twenty-five are at present maintained.

Admission: Babies, and older children up to fifteen years of age, are admissible. Admissions are in direct charge of the Superintendent. In ordinary cases patients are admitted through the Children's Medical Clinic (open daily, 9–11 A.M.), through which application should be made.

Sick children from the neighborhood of the Dispensary may, in *cases of emergency*, be admitted at any hour. Application in such cases should be made to the Superintendent at the Nurses' Home, 37 Bennet Street.

The *visiting hours* for parents or friends of patients are from 2 to 4 P.M. on Wednesdays and Sundays.

Fees: There are no private rooms in the Hospital, and no special provision for paying patients. The families of all children admitted are asked to pay what they can, but no minimum charge is made for any bed.

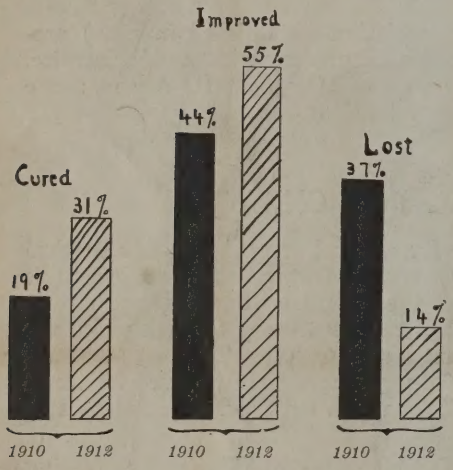
It is *the distinctive policy of this Hospital* to supervise the child during the period of convalescence, and to see that the social needs of the families of its patients are met. We desire that the work of the Hospital in caring for the child while sick shall not, after the child is discharged, be undone through poverty, ignorance of parents, or other influences which militate against health. To this end the Dispensary assigns two of the members of its Social Service Department entirely to the hospital cases.

HOW A FOLLOW-UP SYSTEM

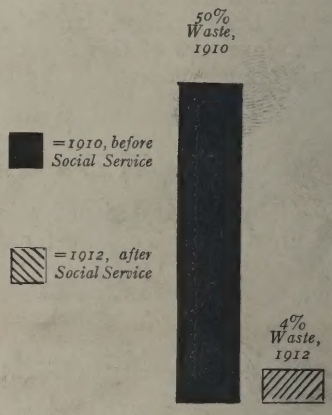
(SOCIAL SERVICE)

RENDERED AN EYE CLINIC EFFICIENT

More Patients Cured of Acute Eye Diseases. Fewer Patients Lost.



Waste Effort Reduced 1000% in Refraction Cases.



Social Service began in the Boston Dispensary Eye Clinic in 1910.

Team Work Between { **An Interested Physician A Trained Medical-Social Worker** } **Secured These Results**